COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

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AAA TUESDAY MAILING
July 8, 2003

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1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
Telephone (804) 662-9333 (V/TTY) Fax (804) 662-9354 Toll-Free (800) 552-3402 (V/TTY)

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

TO: Executive Directors
Area Agencies on Aging

AND: AIM System Managers

FROM: Leonard Eshmont
Information System Administrator

DATE: July 8, 2003

RE: AIM Workshop

As a reminder, VDA will hold an AIM Workshop on Wednesday, September 10, 2003. It will be held at the Radisson Hotel Hampton in Hampton, VA. All AIM Managers please mark your calendars for this event as we will be covering upcoming changes to the system.

It will be a one day event with rooms available for the night of Tuesday, September 9, 2003 at a conference rate of $99.00 and applicable taxes extra. Reservations can be obtained by calling (757) 727-9700 and identifying yourself as part of the Virginia Department for the Aging meeting. However, reservations for this hotel should be made by August 18, 2003 in order to secure a room.

The directions for this event are attached. Agenda will be sent out the week of August 12, 2003 by Tuesday email. A copy of this notice will be emailed to all AIM administrators as well. Please respond by September 1, 2003 as to the number and names of attendees from your agency by calling my office at (804) 662-9800 or by email at leshmont@vdh.state.va.us.

Attachment

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
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Virginia Department for the Aging
AIM Meeting September 10, 2003

Directions to the Radisson Hotel Hampton

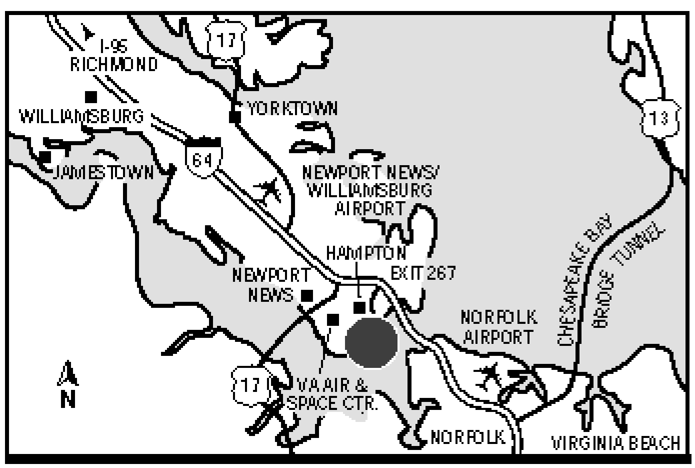
700 Settlers Landing Road
Hampton, VA 23669
(757) 727-9700

From the West:
Take Interstate 64 East to Exit 267 (Settlers Landing Road)

Turn right off of the exit, go approximately ¼ mile to the hotel on the left (adjacent to The Virginia Air and Space Museum)

From the North:
Take Interstate 495 South to Interstate 95 South. Take Exit 84A (I-295 South) and follow until Exit 28 (I-64/US-60). Merge onto Interstate 64 East and follow the directions above.

From the South:
Take US-58 East/US-360 East to Interstate 664 North. Take Exit 1B and merge onto Interstate 64 East and follow the directions above.



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill

DATE: July 8, 2003

SUBJECT: STEPS TO A HEALTHIERUS INITIATIVE

HealthierUS is President Bush's initiative to improve overall health for Americans through regular physical activity, proper nutrition, preventive screenings and healthy lifestyle choices. To advance the President's goal of helping Americans live longer, better and healthier lives, the U.S. Department of Health and Human Services introduced **Steps to a HealthierUS.**

In April 2003 a national health summit was held in Baltimore and HHS Secretary Tommy G. Thompson introduced programs to focus attention on the importance of prevention and promoting healthy environments. "At the heart of this program lie both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease."

Steps to a HealthierUS will promote the following:

- Health promotion programs to motivate and support responsible health choices
- Community initiatives to promote and enable healthy choices
- Health care and insurance systems that put prevention first by reducing risk factors and complications of chronic disease
- State and federal policies that invest in the promise of prevention for all Americans
- Cooperation among policy makers, local health agencies, and the public to invest in disease prevention instead of spending our resources to treat diseases after they occur

Realizing that small changes over time can yield dramatic results, **Steps to a HealthierUS** will identify and promote programs that encourage small behavior changes.

I have listed links to all of the documents related to **Steps to a HealthierUS** below. I think the fact sheets will be very useful.

Steps to a HealthierUS

Steps to a HealthierUS: A Program and Policy Perspective*:* This *Prevention Portfolio* was developed for community leaders, policy makers and health officials.

- *The Power of Prevention*: A resource for educating policymakers about long-term, cost-effective prevention programs. Detailing the economic and health burden of chronic diseases, this publication supports HHS efforts to bring together community leaders.

- *Prevention Strategies that Work*: A how-to prevention guide for learning effective strategies for reducing the burden of diseases such as diabetes, obesity, cancer, heart disease and stroke, as well as for the lifestyle choices associated with them.

- *Prevention Programs in Action*: A collection of prevention programs from states and communities across the United States.

Preventing Chronic Diseases: Investing Wisely in Health: Six fact sheets (two pages each) summarize key diseases and lifestyle choices

- *Preventing Diabetes and Its Complications:* Diabetes is a serious, costly disease that is on the rise. Currently, 17 million Americans have diabetes, and nearly one-third are unaware that they have the disease. More than 200,000 people die each year of diabetes-related complications. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to flu and pneumonia.

- *Preventing Heart Disease and Stroke:* Heart disease and stroke account for more than 40% of all annual deaths. They are the first and third leading causes of death for both men and women in all U.S. racial and ethnic groups. Much of the burden of heart disease and stroke could be eliminated by reducing major risk factors: high blood pressure, high cholesterol, tobacco use, diabetes, physical inactivity, and poor nutrition.

- *Screening to Prevent Cancer Deaths:* Cancer is the second leading cause of death in the United States, killing more than half a million people each year. Poor nutrition, overweight, and inactivity contribute to about one-third of all cancers. Over 150,000 deaths each year are attributable to cigarette smoking.

- *Preventing Arthritis Pain and Disability*

- *Preventing Tobacco Use*

- *Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity:* Obesity is the nation's newest health epidemic. More than 64% of the U.S. adult population is overweight or obese, and obesity is responsible for at least 300,000 deaths each year. Poor nutrition and physical inactivity contribute to many diseases, including type 2 diabetes, hypertension, heart disease, stroke, some forms of cancer, and obesity. Many Americans do not eat enough fruits and vegetables, get enough regular exercise, or maintain a normal weight despite the proven benefits of these behaviors.

A Public Health Action Plan to Prevent Heart Disease and Stroke: The document charts a course to help achieve the national goals for preventing heart disease and stroke. The related press release can be found at HHS Announces Public Health Action Plan for Prevention and Treatment of Heart Disease and Stroke

For more information, please visit the following web sites:

- http://www.whitehouse.gov/.

- www.HealthierUS.gov/steps and http://www.healthierus.gov/steps/.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Janet L. Honeycutt
Director of Grant Operations

DATE: July 15, 2003

SUBJECT: 2004 Training Calendar

Attached, please find the Training Calendar for 2004. As I mentioned at the Area Plan Training, we are always open to suggestions from you for different types of training to meet your needs. Just let me know if there is a topic you would like for us to cover.

Let me know if you have any questions.

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
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VIRGINIA DEPARTMENT FOR THE AGING
2004 TRAINING SCHEDULE
JULY 1, 2003 THROUGH JUNE 30, 2004

TOPIC	LOCATION	AUDIENCE	CONTACT PERSON	DATE
AIM Coordinators	Radisson Hotel, Hampton	AIM Coordinators	Leonard Eshmont	September 10, 2003
VICAP	TBA 1 PM – 5 PM	NoVA VICAP Coordinators and Volunteers	VDA Janet Riddick	September 10, 2003
VICAP	TBA 9 AM– 1 PM	NoVA VICAP Coordinators and Volunteers	VDA Janet Riddick	September 11, 2003
Ombudsman Manager Training	J. Sargent Reynolds 9 - 4	Ombudsman	V4A/VDA Joani Latimer/Leonard Eshmont	September 16 & 17, 2003
AAA Nutrition Directors Fall Meeting & Training	Dept. of Forestry Charlottesville	AAA Nutrition Directors	Carol Driskill	September 19, 2003
VICAP	TBA 1 PM – 5 PM	Tidewater Area VICAP Coordinators and Volunteers	VDA Janet Riddick	September 22, 2003
VICAP	TBA 9 AM– 1 PM	Tidewater Area VICAP Coordinators and Volunteers	VDA Janet Riddick	September 23, 2003
VICAP/Medigap Web-Software Training	TBA	VICAP Coordinators and Volunteers	Leonard Eshmont/ Janet Riddick	September/ October TBA
VICAP	TBA 1 PM – 5 PM	Southwest Area VICAP Coordinators and Volunteers	VDA Janet Riddick	October 7, 2003
VICAP	TBA	Southwest Area VICAP Coordinators	VDA	October 8, 2003

	9 AM– 1 PM	and Volunteers	Janet Riddick	
National Family Caregiver Support Program (NFCSP)	DRS Richmond 9:30 AM	AAA NFCSP Staff	Ellen Nau	October 21, 2003
Ombudsman Manager Training Recap	Richmond	Ombudsman	V4A/VDA Joani Latimer' Leonard Eshmont	November 7, 2003
AIM Coordinators	TBA	AIM Coordinators	Leonard Eshmont	April 1, 2004
Managing Stress by Staying Creative (Fee)	Piedmont Geriatric Hospital Burkeville	Congregate Site & Senior Center Managers and Staff	Carol Driskill	April 8, 2004
Managing Stress by Staying Creative (Fee)	Piedmont Geriatric Hospital Burkeville	Congregate Site & Senior Center Managers and Staff	Carol Driskill	April 20, 2004
Area Plan and Reporting Training	Radford	AAA Directors and Key Staff	VDA Staff	April 27, 2004
Area Plan and Reporting Training	Richmond	AAA Directors and Key Staff	VDA Staff	April 28, 2004
I&R/Case Management Training	Richmond	Information and Referral Care Coordination Staff	Faye Cates and Ellen Nau	TBA
Financial Management Training	Richmond	AAA Financial Staff	VDA Staff	June 22, 2004
Financial Management Training	Roanoke	AAA Financial Staff	VDA Staff	June 24, 2004
Home Safe Home, Virginia ! and Remembering When	TBA	AAA Grant Recipients	Carol Driskill	TBA
Safe Food Handling Certification (ServSafe)	TBA	AAA Nutrition Staff	Carol Driskill	TBA

(Fee)				
Volunteer Liability Issues	**TBA**	**AAA Volunteer Program Directors**	**Bill Peterson**	**TBA**
Suicide and the Elderly	**TBA**	**AAA Staff**	**Bill Peterson & Cecily Slasor working with VDH**	**TBA**

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Warren J. McKeon, Fiscal Manager

DATE: July 8, 2003

SUBJECT: Title V Closeout Report – FYE 06/30/2003 Contracts

The close out (settlement) reports for the fiscal period beginning July 1, 2002 and ending on June 30, 2003 for the Title V, Senior Community Service Employment Program must be submitted to the Virginia Department for the Aging (VDA) on or before July 31, 2003. Please complete the report using the pages and fields for DOL or NCOA, whichever is appropriate. A copy of the report is attached for your review. An electronic version is available on the VDA website, www.aging.state.va.us. Please e-mail the completed report to vdareports@vdh.state.va.us. Please name the file, Title V Closeout Report PSAxx (Insert your PSA number in the characters, xx). If you have any questions, please call me at (804) 662-9320 or e-mail me at wmckeon@vdh.state.va.us.

Enclosures

CC: Tim Catherman, Deputy Commissioner, Support Services

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
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Title V Financial Report - Final Closeout
FYE 06/30/2003

Agency: ______________________ **Month Ending:** Final **Year:** 2003

Funding Source - NCOA	Cash Expended YTD	502(e) Cash Expended YTD		Total Federal Costs YTD	Other Non-Federal Cash YTD	Other Non-Federal In-Kind YTD
Salaries and Fringes						
Other						
Sub-Total Admin. Costs						
Enrollee Wages						
Enrollee Fringes						
Enrollee Medicals						
Sub-Total EWF						
Staff Salaries and Fringes						
Enrollee Training						
Enrollee Development						
Enrollee Transportation						
Miscellaneous						
Sub-Total OEC						
Grand Total						

CURRENT ENROLLMENT

 # Title V Enrollees: ______

 # 502(e) Enrollees: ______

 # Total Enrollees Paid in Month ______

Total Non-Federal ______

% Non-Federal 0%

Unsubsidized Placement	Title V	502(e)	Title V and 502(e)
Current Month			
Since July			

Approved Budget ______

% Spent ______

Title V Financial Report - Final Closeout
FYE 06/30/2003

Agency: ______________________ **Month Ending:** Final **Year:** 2003

Funding Source - DOL	Cash Expended YTD	502(e) Cash Expended YTD		Total Federal Costs YTD	Other Non-Federal Cash YTD	Other Non-Federal In-Kind YTD
Salaries and Fringes						
Other						
Sub-Total Admin. Costs						
Enrollee Wages						
Enrollee Fringes						
Enrollee Medicals						
Sub-Total EWF						
Staff Salaries and Fringes						
Enrollee Training						
Enrollee Development						
Enrollee Transportation						
Miscellaneous						
Sub-Total OEC						
Grand Total						

CURRENT ENROLLMENT

 # Title V Enrollees: ____________

 # 502(e) Enrollees: ____________

 # Total Enrollees Paid in Month ____________

Total Non-Federal ____________

% Non-Federal 0%

Unsubsidized Placement	Title V	502(e)	Title V and 502(e)
Current Month			
Since July			

Approved Budget ____________

% Spent ____________

Title V 2003 Closeout Report

VDA 6/02

Virginia Department for the Aging
Title V Financial Report - Final Closeout, FYE 06/30/2003

Agency: ______________________________ **PSA #** ____________________

Request for Funds for the month of: FINAL

	NCOA	DOL
1) Unencumbered Cash-on-Hand as of 7/1/2002		
2) Cash Received Y-T-D for This Contract		
3) Cash Requested Last Report but Not Yet Received		
4) Cash Available Y-T-D for This Contract (Sum of lines 1, 2 and 3)		
5) Cash Disbursed During Previous Months		
6) Cash Disbursed During Report Month		
7) Cash Disbursed Y-T-D (Line 6 + Line 7)		
8) Cash-on-Hand (Balance Due) at End of Grant Period (Line 4 - Line 5)		

I hereby certify that I have the designated authority to represent the contractor for whom this information is reported. I further certify that to the best of my knowledge and belief, this information is true, correct, and a complete statement prepared from the books and records of the contractor in accordance with applicable instructions, except as noted. Reported information is in agreement with previously submitted information to the Virginia Department for the Aging.

Note: If there is Cash-on-Hand at the end of the grant period, please remit this balance to VDA with the final report.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Raymond L. Williams, Jr.
External Financial Auditor

DATE: July 9, 2003

SUBJECT: 2003 Monitoring Schedule

Attached is the monitoring schedule for the current year. The areas to be reviewed during this process are still being finalized by the program staff. We will provide additional information when confirmations are made to schedule the visit.

Hopefully the early distribution of the schedule will assist you with your planning needs. If there any questions concerning the schedule please contact me at 804 662-9347.

Attachment

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
Telephone (804) 662-9333 (V/TTY) Fax (804) 662-9354 Toll-Free (800) 552-3402 (V/TTY)

Program & Financial Compliance Review
Monitoring Schedule FY03
July 1, 2003 – June 30, 2004 **7/1/03**

July 2003

1. July *29, 2003*
   Korean American Center (RW)

2. *July 31, 2003*
   Lunenburg County (Title V) (RW, PC)

August 2003

1. *August 12, 2003*
   Greater Peninsula Workforce Development Consortium (RW, PC)

2. *August 13, 2003*
   Norfolk Seniors Center (RW)

3. August 14*, 2003*
   Jewish Family Services (Guardianship) Norfolk, Virginia (RW, TR)

4. August 15*, 2003*
   Chesapeake Department of Social Services (RW, TR)

September 2003

1. *September 9, 2003*
   Thomas Jefferson Planning District Commission (RW, PC)

2. *September 11, 2003*
   Gilpin-Jackson Ward Family Life Skills Center (RW, EN)

3. *September 12, 2003*
   Greater Richmond Chapter of the Alzheimer's Association (RW, JH)

October 2003

1. *October 2-3, 2003*
   PSA 21 Peninsula Area Agency on Aging (RW, CD)

2. *October 8-9, 2003*
   PSA 09 Rappahannock-Rapidan Community Services Board (RW, FC, EN)

3. *October 23-24, 2002*
   PSA 06 Valley Program For Aging Services (RW, CD, PC)

November 2003

1. *November 6-7, 2003*
   PSA 10 Jefferson Area Board for Aging (RW, EN, FC)

2. *November 18-19, 2003*
   PSA 11 Central Virginia Area Agency on Aging (RW, EN)

3. *November 20, 2003*
   Adult Care of Central Virginia (RW, EN)

December 2003

1. *December 9-10, 2003*
   PSA 19 Crater Area Agency on Agency (RW, CD, FC, EN)

2. *December 12, 2003*
   Commonwealth Catholic Charities (RW, EN)

3. *December 14, 2003*
   Virginia Association of Area Agencies on Aging (RW, TR)

January 2004

1. *January 7– 8, 2004*
   PSA 16 Rappahannock Area Agency on Aging (RW)

2. *January 22-23, 2004*
   PSA 15 Capital Area Agency On Aging (RW)

3. *January 28-29, 2004*
   PSA 13 Lake Country Area Agency on Aging (RW)

February 2004

1. *February 9-10, 2004*
   PSA 8C Fairfax Area Agency on Aging (RW, CD, PC)

2. *February 11-12, 2004*
   PSA 8A Alexandria Agency on Aging (RW, CD, FC, EN)

3. *February 13,2004*
   Personal Support Services (RW, TR)

4. *February 23-24, 2004*
   PSA 8B Arlington Agency on Aging (RW, CD, FC, EN)

5. *February 25, 2004*
   Fall Church Adult Day Care (RW, EN)

6. *February 26, 2004*
   The City of Alexandria (Title V) (RW, PC)

March 2004

1. *March 16-17, 2004*
   PSA 8D Loudon County Area Agency on Aging (RW, CD, PC)

2. *March 18-19, 2004*
   PSA 8E Prince William area Agency on Aging (RW, FC)

3. *March 30-31, 2004*
   PSA 14 Piedmont Senior Resources Area Aging (RW, FC, EN)

April 2004

1. *April 5-6 2004*
   PSA 02 Appalachian Agency for Senior Citizens (RW, TR)

2. *April 7-8, 2004*
   PSA 01 Mountain Empire Older Citizens Inc. (RW, TR)

3. *April 9, 2004*
   Oxbow Corporation (St. Paul) (RW)

4. *April 14-15, 2004*
   PSA 17/18 Chesapeake Area Agency on Aging (RW, PC)

5. *April 27, 2004*
   Guardian of Life's Dreams (GOLD) Tazewell, Virginia (Guardianship) (RW, TR)

6. *April 28, 2004*
   Legal Aid Society of the New River Valley (RW, TR)

7. *April 29, 2004*
   Family Services of Roanoke Valley (RW, TR)

May 2004

1. *May 7, 2003*
   Tappahannock Presbyterian Chapel of the Milden Presbyterian Church (Tappahannock) (RW, JH)

2. *May 11-12, 2004*
   PSA 04 New River Valley Area Agency On Aging (RW)

3. *May 13, 2004*
   James Madison University Office of Sponsored Programs (RW, JH)

4. *May 20, 2004*
   Bridges-Senior Solutions, Inc. (RW, TR)

5. *May 24-26, 2004*
   PSA 03 District Three Senior Services (RW, PC)

6. *May 27-28, 2004*
   PSA 05 LOA-Area Agency on Aging, Inc. (RW, PC)

June 2004

1. *June 3-4, 2004*
   PSA 07 Shenandoah Area Agency on Aging (RW, CD, FC, EN)

2. *June 7, 2004*
   Our Lady of Mount Carmel Church (Newport News) (RW, JH)

3. *June 8-9, 2003*
   PSA 22 Eastern Shore Area Agency on Aging (RW, EN, PC)

4. *June10-11, 2004*
   PSA 20 Senior Services of Southeastern Virginia (RW)

5. *June 15-16, 2004*
   PSA 12 Southern Area Agency on Aging (RW, PC)

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: July 8, 2003

SUBJECT: **Comparison of Prescription Assistance Proposals Introduced by both the House and Senate**

Attached is a side-by-side comparison of the House and Senate bills to expand Medicare coverage for prescription drugs.

Attachment

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
Telephone (804) 662-9333 (V/TTY) Fax (804) 662-9354 Toll-Free (800) 552-3402 (V/TTY)

Prescription Drug Coverage for Medicare Beneficiaries: A Side-by-Side Comparison of S.1 and H.R. 1

Prepared by Health Policy Alternatives, Inc.
For the Henry J. Kaiser Family Foundation

Updated July 2, 2003

PRESCRIPTION DRUG PROPOSALS IN THE 108th CONGRESS

	S. 1 as amended and passed in Senate June 27, 2003[1]	**H.R. 1 as amended and passed in House of Representatives June 27, 2003**
Title of Bill	Prescription Drug and Medicare Improvement Act of 2003	Medicare Prescription Drug and Modernization Act of 2003
General Approach	Voluntary stand-alone drug benefit under Medicare Part D administered by new Center for Medicare Choices in the Department of Health and Human Services (DHHS) and delivered through private risk-bearing entities. Government contracts with private, non-risk-bearing plans (so-called "fallback") in areas with fewer than two private stand-alone drug plans. Drug benefits integrated with enhanced Part A and B benefits provided by private plans under new Medicare Advantage (Part C). All private plans share risk with government for drug benefit. Also provides subsidies for drug coverage to qualified retiree plans and qualified state pharmaceutical assistance plans (SPAP). Interim prescription drug discount card endorsement program (2004-2005) with subsidized card for low-income.	Voluntary stand-alone drug benefit under Medicare Part D administered by new Medicare Benefits Administration in the Department of Health and Human Services (DHHS) and delivered through private risk-bearing entities. Drug benefits integrated with enhanced Part A and B benefits provided by private plans under Medicare Advantage (Part C) or new Enhanced Fee-for-Service (EFFS) plan options (Part E). Establishes competitive government contribution system (FEHBP-style reforms) in 2010 that includes traditional Medicare. Interim prescription drug discount card endorsement program (2004-2005) and government-subsidized card accounts.
Effective Date	1/1/2006 for new Part D benefit	1/1/2006 for new Part D benefit
Eligibility	Individuals entitled to Part A and enrolled in Part B may enroll in Part D, unless they receive drug benefits under Medicaid ("dual eligibles").	Individuals entitled to Part A or enrolled in Part B may enroll in Part D.
Benefit Package	All Part D Medicare Prescription Drug Plans (PDP) or Medicare Advantage plans must offer the standard benefit or its actuarial equivalent. Part D and Medicare Advantage plans (except Medical Savings Accounts plans) may also offer richer drug benefits.	All Part D Medicare prescription drug plans (PDP), Medicare Advantage coordinated care plans, and EFFS plans must offer at least the standard drug benefit or its actuarial equivalent. Plans may offer richer coverage.
Monthly Premium	Part D standard coverage – about $35 on average in first year (2006) – based on enrollee's choice of plan. In Medicare Advantage, drug premium calculated in same way but may be offset by savings from other benefits. In general, premiums are deducted from the beneficiary's monthly Social Security check.	Part D standard coverage – about $35 on average in first year (2006) – based on enrollee's choice of plan. In Medicare Advantage and EFFS, premium calculated in same way but may be offset by savings from other benefits. At enrollee option, premiums may be deducted from beneficiary's Social Security check or paid through an electronic funds transfer.
Deductible	$275 (indexed to growth in per capita drug	$250 (indexed to growth in per capita drug

[1] May not include all amendments, as the complete bill was not yet available.

	S. 1 as amended and passed in Senate June 27, 2003[1]	H.R. 1 as amended and passed in House of Representatives June 27, 2003
	spending by Medicare beneficiaries).	spending by Medicare beneficiaries).
Cost-Sharing	50% up to initial coverage limit of $4,500; 100% between initial limit and stop-loss threshold; 10% above stop-loss threshold. (Thresholds are indexed.)	20% up to initial coverage limit of $2,000; 100% between initial limit and stop-loss; no coinsurance above stop-loss threshold. (Thresholds are indexed.)
Stop-Loss Threshold Applied to Out-of-Pocket Spending	$3,700 (indexed). After reaching threshold, 90% reimbursement. Excludes payments from other private insurance such as employer retiree health coverage.	$3,500 (indexed). After reaching threshold, 100% reimbursement. Excludes payments from other private insurance such as employer retiree health coverage. Special rules for qualified employer plans (see below).
Income-Related Stop-loss Threshold	No provision	Income-related stop-loss threshold for enrollees with incomes above $60,000/individuals and $120,000/couples. Treasury Secretary provides income information to HHS Secretary, who then discloses applicable out-of-pocket thresholds to drug plan sponsors.
Government Subsidies for General Medicare Population	About 70% of standard drug benefit costs provided through direct premium subsidies and reinsurance. Plans would receive reinsurance for 80% of actual net costs above stop-loss threshold for standard drug coverage (except qualified state pharmaceutical assistance plans would receive reinsurance of 65%).	Direct premium subsidies of 43% of national average premium for standard coverage; reinsurance of 30% of standard benefits in aggregate. Reinsurance payments of 20% for standard benefits $1,000-$2,000; 80% above stop-loss.
Government Subsidies for Low-Income Population—Premiums	Enrollees with incomes under 135% of poverty (including QMB, SLMB, QI,[i] as well as others who do not meet asset test) would receive a full premium subsidy for standard drug coverage up to the national weighted average premium (or lowest-cost plan if none was below the national average). Beneficiaries with incomes between 135% and 160% of poverty (no asset test) would receive additional premium subsidies determined on a linear sliding scale.	Enrollees with incomes up to 135% of poverty and who meet asset test would receive a full premium subsidy for standard drug coverage. Those with incomes between 135 and150% of poverty and who meet the asset test would receive additional premium subsidies on a sliding scale. The asset test would be $6,000 single/$9,000 couple in 2006 and would be indexed to increase annually with inflation.
Government Subsidies for Low-Income Population—Cost-Sharing	QMB eligible individuals would have no deductible; pay 2.5% coinsurance up to the initial limit, then 5% coinsurance to the stop-loss (i.e., the "donut hole") and 2.5% above the stop-loss. Beneficiaries eligible for SLMB or QI would have no deductible, pay 5% coinsurance up to the initial limit, then 10% up to the stop-loss (i.e., the "donut hole") and 2.5% above the stop-loss. All other Part D enrollees with incomes below 160% of poverty would pay a $50 deductible (indexed); 10% coinsurance to the initial limit, then 20% to	Enrollees with incomes up to 135% of poverty who meet an asset test (as above) would have no deductible and receive cost-sharing subsidies so that they pay no more than $2 for generics and $5 for brand drugs up to the initial coverage limit. Copayment amounts would be indexed to growth in per capita drug spending by Medicare beneficiaries. No subsidies for costs of drugs between the initial limit and the stop-loss threshold (i.e., the "donut hole").

	S. 1 as amended and passed in Senate June 27, 2003[1]	H.R. 1 as amended and passed in House of Representatives June 27, 2003
	the stop-loss (i.e., "the donut hole") and 10% above the stop-loss. Beginning in 2009, asset tests relating to prescription drug cost-sharing subsidies (for individuals eligible for QMB, SLMB and QI Part D benefits) would be increased to $10,000 single/$20,000 couple and indexed in subsequent years.	
Treatment of Dual Eligibles	Medicare beneficiaries who receive full benefits, including prescription drugs, under Medicaid (dual eligibles) are not eligible for drug coverage under Medicare Part D. Medicaid would provide drug coverage for those eligible for Medicaid drug benefits according to each state's Medicaid plan.	All individuals entitled under Part A or enrolled in Part B, including those who are enrolled in Medicaid ("dual eligibles") would be eligible to enroll in Medicare Part D, (State government's obligation would be phased out). States would maintain Medicaid benefits as a wrap-around to Medicare benefits (at state option); states could require that these persons elect Part D drug coverage.
Administration of the Low-Income Subsidy	State Medicaid programs are required to evaluate eligibility for low-income subsidies using presumptive eligibility procedures, with states receiving enhanced matching rate for associated administrative costs. States must conduct eligibility determinations and enrollment at all Social Security field offices. Individuals determined to be eligible for Medicare cost-sharing assistance would be enrolled for such benefits under Medicaid. Administrator (Center for Medicare Choices) informs prescription drug plans of subsidy eligibility and level. Plans provide the subsidy and the Administrator reimburses the plans for their costs.	Eligibility for low-income subsidy program determined by state Medicaid program with states receiving enhanced matching rate for associated administrative costs, at an FMAP phasing up to 100% by 2019. Also, eligibility determinations by SSA, with additional funds to cover new administrative costs. Administrator (Medicare Benefits Administration) informs prescription drug plans of subsidy eligibility and level. Plans provide the subsidy, and the Administrator reimburses them for their costs.
Role of Private Plans/Traditional Medicare	Benefits provided through private, risk-bearing plans (shared risk with government through risk corridors in first years and reinsurance). Government contracts with private non-risk-bearing entity to provide coverage in areas with fewer than 2 private stand-alone PDPs.	Benefits provided through private, risk-bearing plans (shared risk with government through reinsurance). Increased risk if necessary to guarantee 2 plan options (one stand-alone drug plan) in each area.
Payments to Drug Plan Sponsors	Part D - government pays plans an amount equal to the monthly approved premium, adjusted for risk and geographic price variations, from a combination of government contribution and enrollee premium. Government shares risk with drug plans through reinsurance (80% of allowable drug costs exceeding the catastrophic threshold) and risk corridors. Drug plans would be required to assume	Part D - government pays plans an amount equal to the monthly approved premium, adjusted for risk. Payment is combination of government premium subsidy and enrollee share of premium. Government also provides reinsurance of 20% for costs $1,000-$2,000 and 80% above stop-loss.

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	more but not total risk over time. Medicare Advantage plans are paid their premium amounts for drug coverage in a similar manner. The same reinsurance, risk corridor, stabilization fund, and administrative incentive provisions apply.	Medicare Advantage and EFFS plans receive payments for drug coverage in a similar manner and also receive reinsurance payments.
Covered Drugs	Drugs, biological products and insulin (including associated syringes and medical supplies as defined by the Administrator), that are covered under Medicaid and vaccines licensed under Section 351 of the Public Health Service Act. Includes coverage for any use of a covered outpatient drug for a medically accepted indication, as defined under Medicaid.	Drugs, biological products and insulin (and medical supplies associated with the injection of insulin as defined by the Secretary) that are covered under Medicaid and vaccines licensed under Section 351 of the Public Health Service Act. Includes coverage for any use of a covered outpatient drug for a medically accepted indication, as defined under Medicaid.
Drugs Excluded from Coverage	Excluded would be drugs covered under Medicare Parts A or B (unless no benefits are payable), and those in categories that may be excluded under Medicaid (i.e., weight loss or gain, fertility, cosmetic or hair growth, cough or cold relief, vitamins and minerals, non-prescription drugs, barbituates, and benzodiazepines) except for smoking cessation agents. Drugs not covered because of a plan's formulary would be excluded if not successfully appealed. Drugs not meeting the Medicare definition of reasonable and necessary, or not prescribed according to requirements, could be excluded from coverage, but determinations would be subject to appeal.	Excluded would be drugs for which benefits are payable under Medicare Parts A or B, and those in categories that may be excluded under Medicaid (i.e., weight loss or gain, fertility, cosmetic or hair growth, cough or cold relief, vitamins and minerals, non-prescription drugs, barbituates, and benzodiazepines) except for smoking cessation agents. Drugs not covered because of a plan's formulary would be excluded if not successfully appealed. Drugs not meeting the Medicare definition of reasonable and necessary, or not prescribed according to requirements, could be excluded from coverage, but determinations would be subject to appeal.
Formularies	Plans may have a formulary so long as the formulary meets standards. Formularies must be developed by a pharmacy and therapeutic (P&T) committee that includes at least one academic expert, one practicing physician and one practicing pharmacist, all with expertise in the care of elderly or disabled; a majority of P&T committee must be practicing physicians or pharmacists; formulary must include drugs within each therapeutic category and class (as defined by the Administrator using certain compendia and other recognized sources); decisions must be based on the strength of scientific evidence and standards of practice; the committee must have procedures to educate providers concerning the formulary; and appropriate notice must be made to enrollees,	Plans may have a formulary so long as the formulary meets standards. Formularies must be developed by a P&T committee that includes at least one practicing physician and one practicing pharmacist independent and free of conflict with respect to the committee, both with expertise in the care of elderly or disabled; the formulary must include drugs within each therapeutic category and class; decisions must be based on the strength of scientific evidence and standards of practice; the committee must have procedures to educate providers and enrollees concerning the formulary; and appropriate notice must be made to enrollees and physicians before a drug is removed from the formulary or the tier status of a drug is changed. In defining

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	pharmacists, and physicians before a drug is removed from the formulary.	therapeutic classes, the committee would take into account standards published in the United States Pharmacopeia-Drug Information.
Access to drugs not on formulary or preferred drug list	Beneficiaries could appeal for coverage of non-formulary drugs if the prescribing physician determines that the formulary drug is not effective for the patient or has significant adverse effects for the patient. In plans with tiered cost-sharing, enrollees may request that non-preferred drugs be covered as preferred drugs if the prescribing provider determines that the preferred drug is not effective or has adverse effects on the patient.	Beneficiaries could appeal for coverage of non-formulary drugs if the prescribing physician determines that the formulary drug is not effective for the patient or has significant adverse effects for the patient. In plans with tiered cost-sharing, enrollees may request that non-preferred drugs be covered as preferred drugs if the prescribing provider determines that the preferred drug is not effective or has adverse effects on the patient.
Drug pricing	Plans would negotiate drug prices and must make the negotiated price available to enrollees regardless of whether benefits are payable. Negotiated price is defined to include all discounts, direct or indirect subsidies, rebates, or other price concessions or direct or indirect remunerations. Drug plan sponsors must provide that each pharmacy or dispenser of a covered drug inform the enrollee at the time of purchase of any differential between the price of the drug and the price of the lowest cost generic equivalent. Drug prices negotiated for Part D (by a MPDP, MA plan, or qualified retiree plan) would not be applicable to Medicaid "best price" provisions. Medicaid plans may use Medicare PDP negotiated prices but Medicaid rebate would not apply.	Plans would negotiate prices with manufacturers and suppliers of covered drugs. Each plan must disclose to the Administrator the extent to which discounts or rebates or other remuneration or price concessions made available to the plan sponsor or organization by a manufacturer are passed through to enrollees through pharmacies and other dispensers or otherwise. The Administrator would have to keep this information confidential. PDP sponsors must provide that each pharmacy or dispenser of a covered drug inform the enrollee at the time of purchase of any differential between the price of the drug and the price of the lowest-cost generic equivalent. Drug prices negotiated for Part D (by a PDP, MA or EFFS plan, or qualified retiree plan) would not be applicable to Medicaid "best price" provisions. If States provide Medicaid assistance based on prices negotiated by a PDP, Medicaid rebates would not apply. Enrollees must have access to their plan's negotiated prices even if no benefits are paid.
Medicaid Financing	Medicaid continues to pay the full cost of providing drug coverage to Medicare beneficiaries who receive full benefits through Medicaid (with usual FMAP) according to each state's Medicaid plan.	All individuals eligible for Part A and enrolled in Part B are eligible for Part D drug benefits, including those who are also enrolled in Medicaid. Medicaid would continue (at state option) to provide wrap-around coverage for drug expenses in excess of Medicare benefits for dual eligibles, in conformance with each state's Medicaid plan. Federal Medicaid payments to states would

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	States that provide a drug benefit under Medicaid that meets minimum standards would receive 100% federal funds for payment of the Part B premium for Medicaid and QMB eligibles with incomes between the SSI threshold and 100% of poverty. The minimum standards would be: meeting all current law Medicaid standards for dual eligibles, including nominal cost-sharing; no limit on number of prescriptions; coverage of smoking cessation products; and meeting Part D standards for beneficiary protections.	be reduced by a declining percentage each year between 2006 - 2020 to offset the federal costs of providing Medicare drug benefits to individuals who would otherwise have received Medicaid drug benefits so that, by 2021, the Medicare program would assume full responsibility for Medicare drug benefits for these individuals.
• **Incentives to Maintain Coverage for Optional Medicaid Provisions**	In states with optional expansions of Medicaid to seniors and/or the disabled with income up to 100 percent of poverty, the federal government pays 100 percent (instead of usual FMAP) of Medicare Part A deductible and coinsurance costs for the expansion population. Applies only to states with optional expansions in place as of date of enactment.	No provision.
• **Medicaid Rebate**	If States elect to use prices negotiated by a PDP to provide Medicaid drug benefits, Medicaid rebate provisions would not apply.	If States elect to use prices negotiated by a PDP to provide Medicaid drug benefits, Medicaid rebate provisions would not apply.
• **Best Price Requirements**	Prices negotiated for discount drug card endorsement program or Medicare Part D benefits by MPDP, MA and qualified employer plans would not apply to Medicaid "best price" requirements.	Prices negotiated for Medicare Part D benefits by a PDP under Part D, by a MA-EFFS Rx plan under Parts C, or by a qualified employer plan would not apply to Medicaid "best price" requirements.
Treatment of Retiree Health Drug Coverage	Qualified retiree plans with drug coverage at least actuarially equivalent to Part D coverage and that meets other standards would be eligible for same government subsidy per Medicare enrollee, based on national average premium (risk and geographically adjusted) for standard coverage. Also eligible for reinsurance of 80% of costs in excess of stop-loss threshold (but employer-covered costs do not count towards stop-loss).	Qualified retiree plans with drug coverage at least actuarially equivalent to standard Part D coverage receive subsidies of 28% of costs for coverage above deductible and up to $5,000 in 2006 in spending per Medicare enrollee (indexed thereafter).
Medicare Supplemental Insurance	No new Medigap policies providing drug coverage could be sold, issued, or renewed after January 1, 2006, to an individual enrolled in Part D. Medigap policies A through G must be guaranteed issued without preexisting condition	Beginning January 1, 2006, Medigap policies with drug coverage could no longer be sold except as replacements for policies with drug coverage. Beneficiaries with Medigap drug policies who enroll in Part D would be guaranteed issue a non-drug

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	exclusions to those terminating enrollment in Medigap plans with drug coverage (including nonstandard policies) and enrolling in Part D, if application is made during the Part D open enrollment period. Medigap issuers must provide written notice during the 60 days before the initial Part D open enrollment period to each policyholder with drug coverage of the ability to switch to a non-drug policy and that they are ineligible for Part D coverage as long as they retain a Medigap policy with drug coverage.	Medigap policy at the time of enrollment. NAIC would define 2 new Medigap packages that would cover some drug cost-sharing and partial coverage of beneficiary costs for other Medicare benefits. Medigap plans (other than the 2 new plans) would be prohibited from covering the deductible or more than 50% of the cost-sharing in an EFFS plan.
State Pharmacy Assistance Programs	Allows qualified state pharmaceutical assistance programs to receive Medicare drug subsidies (in a manner similar to qualified retiree plans except that all plan payments apply towards stop-loss threshold and enrollees would qualify for subsidies for the low-income).	A State Pharmaceutical Assistance Transition Commission would be established as of the start of 3rd month after enactment to develop a proposal for addressing the unique transitional issues facing state pharmaceutical assistance programs and their participants due to the implementation of Medicare Part D.
Interim Drug Program	Establishes a Medicare Prescription Drug Discount Card Endorsement Program to operate in 2004-2005. Card programs would have to meet specific requirements and charge no more than $25 in annual enrollment fees. Low-income enrollees (QMB, SLMB, QI-1) would receive $600 per year, with balances carried forward on their cards from one year to the next. Government also pays enrollment fee for low-income.	Establishes a Medicare Prescription Drug Discount Card Endorsement and Assistance Program to operate in 2004-2005. Card programs would have to meet specific requirements and charge no more than $30 in annual enrollment fees. For discount card program enrollees who do not have other prescription drug coverage (e.g., Medicaid, group health plan, health insurance, etc.), the government would deposit to enrollee card accounts the following amounts: $800 for enrollees below 135% of poverty, $500 for enrollees with incomes between 135% and 150% of poverty and $100 for enrollees with incomes above 150% of poverty. Balances in the accounts could be carried forward from one year to the next, and amounts could be contributed by employers and other individuals. Card sponsors would have to disclose to the Secretary the extent to which discounts or rebates or other remuneration or price concessions made available to it by a manufacturer are passed through to enrollees through pharmacies and other dispensers or otherwise.
Financing of Drug Benefit	General federal revenues.	General federal revenues.
Medicare Private	Renames Medicare+Choice as Medicare	Renames Medicare+Choice as Medicare

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Plan Reforms Not Related to Drug Coverage	Advantage and reforms plan payment method. Increases payments to Medicare Advantage plans beginning in 2006 (and provides limited increase in 2005). Adds new Medicare PPO option for plans offering enhanced benefits and covering large regions; limited to 3 PPO plans per region. PPO plans paid in same manner as other MA plans, except have shared risk arrangements in first years.	Advantage and reforms plan payment method. Increases payments to Medicare Advantage plans (M+C until 2006) beginning in 2004, and moves to a competitive bidding approach by 2010. Establishes Part E with EFFS plans offering enhanced benefits and covering large regions; limited to 3 plans per region. Establishes competitive government contribution system in 2010 that includes traditional Medicare.
Administration	Creates new agency within the Department of Health and Human Services called the Center for Medicare Choices.	Creates new agency within the Department of Health and Human Services called the Medicare Benefits Administration.
CBO 10-year Estimate	Not available.	Not available.

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[i] QMB, SLMB, and QI refer to categories of Medicare beneficiaries who are not sufficiently poor to meet Medicaid's income and resource eligibility (i.e., "asset test") standards for full Medicaid benefits but do qualify for some degree of Medicaid assistance with Medicare cost-sharing. The asset test varies from state to state but is generally $4,000 per individual/$6,000 per couple, excluding certain items such as a home. Specifically:

> **QMBs:** Qualified Medicare Beneficiaries. A Medicare beneficiary with an income below 100% of the federal poverty level and with limited assets. Medicaid pays the Medicare Part B premium and all required cost-sharing under Medicare.
>
> **SLMBs:** Specified Low-Income Medicare Beneficiaries. A Medicare beneficiary with an income between 100% and 120% of the federal poverty level and with limited assets. Medicaid pays the Medicare Part B monthly premium for these individuals.
>
> **QIs**: Qualified Individuals. A Medicare beneficiary with an income between 120% and 135% of the federal poverty level and with limited assets. Medicaid pays the Medicare Part B monthly premium for these individuals. States receive capped allotments for these individuals, so participation may be limited by available funds.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill

DATE: July 8, 2003

SUBJECT: **Service Standard Reminder, Best Practice & Research Studies:** ***CLIENT SATISFACTION***

This Tuesday Mailing covers client satisfaction and surveys and includes:

- Applicable VDA Service Standards
- Best Practices
- Information about AAA Satisfaction Surveys
- Administration on Aging nutrition surveys
- Research studies done on surveying frail elderly

VDA Congregate Nutrition and Home Delivered Nutrition Service Standards: **Program Evaluation:** The agency should conduct regular systematic analysis of the persons served and the impact of the service. Evaluation may include client satisfaction surveys.

Subcontractors shall be monitored annually. There shall be a written policy that includes: content of monitoring (such as use of VDA Monitoring Instrument), frequency, and corrective action.

Under Policies and Procedures: The AAA and service provider must maintain, at the minimum, the following policies and procedures:

- Program evaluation plans, including monitoring of subcontractors

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
Telephone (804) 662-9333 (V/TTY) Fax (804) 662-9354 Toll-Free (800) 552-3402 (V/TTY)

Attached are **Best Practice – Client Satisfaction** forms from:

- Southern Area Agency on Aging
- Appalachian Agency for Senior Citizens
- District Three Governmental Cooperative
- Valley Program for Aging Services
- Piedmont Senior Resources AAA – Daily Bread (Subcontractor)

I have a large collection of **AAA satisfaction surveys** for both congregate and home delivered meals. Please contact me by email at cdriskill@vdh.state.va.us or telephone (804) 662-9319 and I will be pleased to mail them to you.

The **Administration on Aging** Performance Outcomes Measures Project has surveys that were developed for use with the congregate meals and home delivered meals program. The Nutrition Survey is a tool for measuring a client's current nutritional risk and includes items from the Nutritional Screening Initiative (NSI) and the Household Food Security Scale. There is also a third survey called "Food Security Module." Information can be found at www.gpra.net/Nrmain.htm. I recommend that you review the surveys to see if there are questions that you can use.

Finally, attached are two **press releases** regarding studies done on surveying frail elderly that provide useful information.

- Surveying Frail Elderly Can Be Done But Challenges Must Be Addressed
- Brief, In-person Surveys Best for Collecting Data from Frail Elders

The studies were done at University of Maryland Center on Aging's Medicare/Medicaid Integration Program (MMIP). Please visit the web site at http://www.hhp.umd.edu/AGING/MMIP/index.html for more information and http://www.hhp.umd.edu/AGING/MMIP/TApapers.html for copies of the reports.

Please contact me at (804) 662-9319 or cdriskill@vdh.state.va.us with any questions or concerns.

Nutrition Program - Best Practices

Client Satisfaction
Congregate & Home Delivered Meals

Name of Agency: Southern Area Agency on Aging

Contact Name/Number: Anne Smith (276) 632-6442

Summary of practices or approaches to evaluate client satisfaction with meals:
Each Site Coordinator and HDM driver is given a sufficient number of blank Client Satisfaction Survey form to distribute to each HDM and Congregate Meal recipient they serve. A cover letter instructs Site Managers to return the completed surveys by a specific date, and each is provided with a large SASE envelope with sufficient postage *to* return all surveys in bulk to SAAA. An evaluation of the levels of satisfaction is made for each program by jurisdiction or meal site to determine the overall levels of satisfaction with the meals. (Sample Results)

Challenges/obstacles: Cost of Distribution / Return & Participant confidence

Steps taken to address challenges/obstacles:
Mailing a blank form to each meal recipient along with a post paid return envelope would be much too cost prohibitive. For this reason we have relied on the drivers and site managers to return the completed forms to us in bulk via. SASE we provide. We do not ask participants to identify themselves and stress that the survey is simply a tool to determine the quality of service. Any dissatisfaction with a meal or meals should be honestly stated so that we can work to have the best quality of meals possible. Currently, all surveys go out and are returned at the same time.

Future Plans:
In the future we plan to distribute the blank Congregate Mealsite surveys during an on site monitoring visit by the Quality Assurance Coordinator (QAC). During the visit, we will ask that the surveys be filled out, and allow time, (if the participants desire) for discussion of any comments or questions participants may have. The completed surveys and discussion notes of the QAC can then be returned to the agency the same day. Staggering the distribution and collection of the HDM recipient surveys over a 12-month period by driver/route is also being considered for a better overview of satisfaction levels over a broader period of time.

Recommendations:
The K.I.S.S. approach seems to work best (KEEP IT SHORT & SIMPLE). The survey itself should not ask too <u>many</u> questions. There should be boxes to check the reply of the participants choice, (rather than ask them to write out an answer). The writing should be big and easy to read and should <u>allow</u> room for any comments or suggestions they might wish (but aren't required) to make. The biggest problem is often that the participants believe that if they say they are not satisfied, someone will take the option of a meal away from them. Again, a challenge: Being asked to fill out a simple "How Are the Meals You Receive"? Survey shouldn't "scare" the participants.

Please fax Best Practice Form and Satisfaction Surveys to:
Carol Driskill, VDA, (804) 662-9354
Thank You!

Nutrition Program - Best Practices

Client Satisfaction
Congregate & Home Delivered Meals

Name of Agency: Appalachian Agency for Senior Citizens

Contact Name/Number: Shirley Lunsford, Director of Nutrition (276) 964-4915

Summary of practices or approaches to evaluate client satisfaction with meals:

AASC client survey forms for home delivered meals and nutrition site meals are attached. In addition to surveys, the Director of Nutrition requests comments from clients when site visits are made. Delivery individuals report any remarks made to them about food. Anytime the Director of Nutrition talks with a home delivered meals client, she asks client how they like our delivery service and meals. Clients are accommodated whenever possible.

Challenges/obstacles
Steps taken to address challenges/obstacles:

Getting clients to return a survey is a challenge as many of our home delivered meals clients are unable to read and write. The delivery person helps when they have the time, but we mostly depend on caregivers to help clients complete the surveys. The nutrition site clients assist each other. We get a better picture of how we are doing, if AASC staff are not assisting.

Future Plans:

As a part of our updates on home delivered meals we are beginning to ask clients for their comments about the delivery and nutritional benefit of the meals.

Recommendations:

Please fax Best Practice Form and Satisfaction Surveys to:
Carol Driskill, VDA, (804) 662-9354
Thank You!

Nutrition Program - Best Practices

Client Satisfaction
Congregate & Home Delivered Meals

Name of Agency: District Three Governmental Cooperative

Contact Name/Number: Connie Blevins (276) 783-8158

Summary of practices or approaches to evaluate client satisfaction with meals:

HOME DELIVERED MEALS -- The attached survey is delivered during the month of May to all home delivered meals clients by the delivery personnel. The survey is completed by the client and picked up the next time the driver makes another delivery of meals. After surveys are returned, the Home Delivered Meals Program Manager uses a program in Excel to calculate the results.

CONGREGATE MEALS -- The attached Congregate Meal Evaluation is completed by the site each day the site meets. A site participant is randomly selected to complete the lower portion of the form. Completed forms are sent to the Community Services Division Director each month with monthly reports. The Community Services Division Director reviews each evaluation and discusses any problems or suggestions with the site managers and kitchen manager.

Challenges/obstacles: Some homebound clients are unable to complete the surveys and we must ask a family member to help. Also, sometimes the homebound client is the only person living in the household and they may have trouble completing the survey.

Future Plans: To survey homebound at least every six-months.

Recommendations: None at this time

Please fax Best Practice Form and Satisfaction Surveys to:
Carol Driskill, VDA, (804) 662-9354
Thank You!

Nutrition Program - Best Practices

Client Satisfaction
Congregate & Home Delivered Meals

Name of Agency: Valley Program for Aging Services

Contact Name/Number:

Summary of practices or approaches to evaluate client satisfaction with meals:
Please attach copies if Client Satisfaction Surveys are used

Annually we send/give out a congregate and home delivered meal survey to clients. Copies attached.

Challenges/obstacles:
Steps taken to address challenges/obstacles:

1) Convincing clients their meals will not stop if they give negative answers (no names are used with surveys) and 2) Staff training

Future plans:

Some information is used to change menus

Recommendations:

Block off enough time to tabulate responses if you received over 150 – 200 responses

Please fax Best Practice Form and Satisfaction Surveys to:
Carol Driskill, VDA, (804) 662-9354
Thank You!

Nutrition Program - Best Practices

Client Satisfaction
Congregate & Home Delivered Meals

Name of Agency: Daily Bread – Subcontractor for Piedmont Senior Resources

Contact Name/Number: Darlene Hartley (434) 392-1015

Summary of practices or approaches to evaluate client satisfaction with meals:
Please attach copies if Client Satisfaction Surveys are used

Copy attached

Challenges/obstacles:
Steps taken to address challenges/obstacles:

All sites participate in monthly menu planning. Each site also makes a monthly selection to be served.

Future plans:

Continue with surveys. Continue to keep participants involved in menu planning.

Recommendations:

Please fax Best Practice Form and Satisfaction Surveys to:
Carol Driskill, VDA, (804) 662-9354
Thank You!

Contact: Scott L. Parkin **FOR IMMEDIATE RELEASE**
703-437-1339 sparkin@agecomm.com

Surveying Frail Elderly Can Be Done But Challenges Must Be Addressed

COLLEGE PARK, MD, Aug. 28, 2001 – Trying to measure consumer satisfaction of health care programs by frail elderly using traditional survey techniques does not work well, according to a report issued today by the University of Maryland Center on Aging's Medicare/Medicaid Integration Program (MMIP).

"There is a growing need for reliable tools for assessing consumer opinions on how programs meet the health and long-term care needs of the frail elderly," says Mark Meiners, PhD, the National Program Director for the Robert Wood Johnson Foundation sponsored Medicare/Medicaid Integration Program (MMIP). "Building an increased awareness among researchers and policymakers at the state and national level, of the issues faced in surveying frail elders, is the first step in assuring that their voices will be heard."

The report "Designing Effective Survey Methods for Frail Elders" includes proceedings from a MMIP symposium held in December 2000 to discuss effective methods for surveying frail elders regarding their health care experience. There are several conclusions outlined in the report that would be useful to state policymakers, for example, who want to rate consumer satisfaction with a home and community based home care program.

"The report shows that surveying frail elderly individuals, even with some cognitive impairments, can be done," Meiners says, "but not without understanding the inherent difficulties and identifying strategies to deal with the problems."

The symposium followed-up on a pilot study conducted by the Braceland Center for Mental Health and Aging that experienced several problems when trying to measure the level of satisfaction with care coordination in the Connecticut Home Care Program. The study used a modified version of the commonly used Consumer Assessment of Health Plans (CAHPS). The center found that many of the frail elders who participated had hearing problems and had trouble understanding many of the concepts used by policymakers. Also, if sentences were too complex and contained unfamiliar words, the respondents were confused and gave contradictory or nonsensical responses. Interviews were also too lengthy, causing fatigue and stress among respondents.

Meiners explains that in order to reach out to the six to seven million mostly older and very vulnerable Americans who are eligible for both Medicare and Medicaid, researchers and survey designers need to realize that many of these elderly are frail and have multiple chronic health conditions such as heart disease, diabetes and mental illness or cognitive impairments.

“Too often states and the vendors they use to conduct surveys of frail elders do not have the expertise that will get the results they need,” adds Meiners. “Short surveys with closed ended questions and plain language work best. Likkert scales or those that rate a response from 1 to 10 are generally too difficult. In addition, every effort should be made to eliminate duplicative questions or questions you can find answers to elsewhere.”

The report was prepared by the New England States Consortium, an organization that helps coordinate activities related to the design, implementation, operation and management of a program for the delivery of comprehensive, coordinated care to persons who are dually eligible for Medicare and Medicaid.

The MMIP was formed to bring attention to how waste and confusion can be eliminated by integrating the two government programs more fully. Since caring for frail elders who qualify for both programs remains expensive – about $56.7 billion in Medicare and $56 billion in Medicaid – it remains a financially significant problem. The MMIP has provided 13 states with grant support and technical assistance to restructure the way in which they finance and deliver acute and long-term care for those who are dually eligible.

Please visit our web site at http://www.inform.umd.edu/aging for a copy of this and previous reports, press releases and a background sheet on the MMIP.

Formed in 1996, the Medicare/Medicaid Integration Program is a national initiative supported in part by the Robert Wood Johnson Foundation. The Foundation, based in Princeton, NJ, is the nation’s largest philanthropy devoted exclusively to health and health care.

# # #

Contact: Scott L. Parkin
703-437-1339 sparkin@agecomm.com

FOR IMMEDIATE RELEASE

Brief, In-person Surveys Best for Collecting Data from Frail Elders

COLLEGE PARK, MD, Nov. 20, 2002 – Simple, brief, in-person surveys are the best way to collect consumer input on quality of care, provider preference or program oversight among the frail elderly, according to a report issued today by the University of Maryland Center on Aging's Medicare Medicaid Integration Program (MMIP).

"Collecting information from frail elders, especially from those with low incomes and less education, is challenging to researchers as well as health or long-term care providers," says Mark Meiners, PhD, national program director for the Robert Wood Johnson Foundation sponsored program. "However, evaluating long term care and chronic care programs from a consumer perspective is a critical step in improving quality and patient satisfaction and ultimately in reducing costs."

MMIP's most recent report "Getting Feedback from Frail Elders and People with Disabilities: Factors to Consider when Selecting a Method, an Instrument, a Vendor" explains that a variety of factors make surveys of frail elders difficult such as age-related sensory and cognitive impairments or hearing and/or vision loss. Also, those with less education may be unable to understand survey concepts.

The report includes sections on the challenges and benefits of various survey methods, choosing the proper tool to rate consumer satisfaction, sample selection, and selecting a vendor.

Meiners explains that the report can help guide anyone who puts a high value on consumer assessment in health care. " Hopefully, it will facilitate consumer feedback on a broad range of activities and initiatives," he adds.

The suggestions in the report evolved from nearly three years of survey method and instrument development, conducted under the auspices of the New England States Consortium (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont), with funding from the MMIP.

The MMIP was formed to bring attention to how waste and confusion can be eliminated by integrating the two government programs more fully. Since caring for frail elders who qualify for both remains expensive – about $3.7 billion in Medicare and $3 billion in Medicaid – it remains a financially significant problem. The MMIP has provided 13 states with grant support and technical assistance to restructure the way in which they finance and deliver acute and long-term care for those who are dually eligible.

Please visit our web site at http://www.umd.edu/aging for a copy of this and previous reports, press releases and a background sheet on the MMIP.

Formed in 1996, the Medicare/Medicaid Integration Program is a national initiative supported in part by the Robert Wood Johnson Foundation. The Foundation, based in Princeton, NJ, is the nation's largest philanthropy devoted exclusively to health and health care.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: July 8, 2003

SUBJECT: **Grant Sustainability**

All of us face the real-world challenge of how to sustain the efforts of projects or activities that were created through short-term grant funds. The attached report titled **End Games: The Challenge of Sustainability** was developed by the Cornerstone Consulting Group through a grant from the Annie E. Casey Foundation. It provides information about how both funders and grantees are thinking about sustainability and how to support promising projects so they do not simply fade away.

Attachment

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end games

The Challenge of Sustainability

The Cornerstone Consulting Group

April 2002

The Annie E. Casey Foundation

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foreword

In recent years the Annie E. Casey Foundation has focused increasing attention on supporting efforts to create positive change in low-income neighborhoods and communities. These place-based efforts are central to our mission to build better futures for disadvantaged children and their families. We are not alone in this work—we join many philanthropic and public-sector funders that share our concerns and goals and that are working, each in its own way, to make a difference. Most important, the local institutions and the people who live, work, and worship in those communities must do the really heavy lifting, day in and day out, if community-based efforts are to succeed.

Helping to transform conditions in troubled communities is not easy. As our president, Doug Nelson, has said: “While we are confident of our intended outcomes, there is no question that this [our Neighborhood Transformation/Family Development Initiative] will be the most difficult set of activities that the Casey Foundation has ever undertaken.”

Yet, as difficult as it is to initiate positive change, getting it started is often easier than keeping it going. The “challenge of sustainability”—ensuring that the hard-won progress continues over time—is an important and sometimes daunting dimension of our work. Ensuring that change is sustainable means many things: that the values, ideas, and processes of the effort are widely shared and deeply felt; that important relationships are nurtured and remain strong; that policy and practice innovations are institutionalized and become the norm; and that needed financial and human resources are secured for the long term.

In *End Games: The Challenge of Sustainability,* Ira Cutler of the Cornerstone Consulting Group pulls together the thoughts and views of what he describes as “two dozen very smart people” and offers insights and suggestions to funders and communities. “There is a great deal more advice available to foundations and grantees about how to start a comprehensive community-based initiative than there is about how to successfully end one,” he notes. We hope this report is the start of an important dialogue. We welcome your comments.

Ralph Smith
Senior Vice President
The Annie E. Casey Foundation

1. introduction

Many national and local foundations that have launched ambitious community-based initiatives intended to improve conditions and outcomes for children, families, and communities have experienced, in one way or another, the "challenge of sustainability." This is the common difficulty that funders and their grantees face at the end of an initiative's planned funding period. It is then that funders often struggle to help community projects find and secure other resources and, in some cases, extend their support to ensure initiative progress and survival.

Sooner or later, however, every foundation must confront the inevitable:

> *The foundation either was the catalyst for an effort or the recent growth and development of the effort was supported by the foundation. How can we ensure that we continue to have an influence when our funding is no longer available?*
>
> *Having invested so much time, so many resources, and so much credibility, can we afford to simply walk away and let the initiative survive—or not?*

The same is true of those who receive the grants:

> *Having invested so much community energy in this important effort, where do we go now for the financial support the effort needs?*
>
> *How do we cultivate new investors and ensure that they feel long-term ownership for the initiative's success?*

In some cases, a good deal of personal and institutional strain and discomfort is felt at the end of initiatives. The cliché about seeing one's children grow up and leave home is not quite apt, but often there is a comparable sense of loss, a similar need to let go, and a strong desire to help make things work out well. Expectations are often difficult to manage at this close-out point, and long-standing relationships can become strained.

Foundations struggle with their side of the sustainability challenge, and so do the individuals and organizations involved in community projects, although they view the end-of-funding experience from a very different vantage point. For some, the expectation that funding will indeed end seems unbelievable until it is imminent. Others, some would say a minority, start to think about post-funding strategies very early on. But early or late, all face decisions about where to go for additional support and whether and how to redesign the project in a post-funding, post-demonstration-project world.

As funders increasingly seek to engage economically struggling neighborhoods in initiatives, issues of post-grant sustainability become even more complex and more important. In these initiatives, grantee organizations or coalitions often serve as lead agencies or fiscal agents that represent *community* efforts to address social problems. Consequently, the issues of initiative ownership and the responsibility for continuation become more complicated.

For some, the sustainability stakes are enormous. Grantee organizations in impoverished neighborhoods can become dependent on foundation initiative resources—either because they were created to manage the initiative or because they grew dramatically to take on the challenge—and sustainability could be about whether the organization survives. As initiatives that focus on impoverished neighborhoods proliferate, the question has emerged of how to realistically assess the ability of neighborhood-based groups and agencies to replace initiative funding.

Throughout this difficult process, funders and community groups are faced with tough questions, not the least of which is determining what it is, really, that they hope to sustain. Is it the survival of the *organization* that has led the initiative that is paramount? Is the survival of core *ideas, relationships,* and the sense of *community direction* more important? Is all of it important?

Many note that the struggle to find new resources and uncertainty about continuation take a considerable toll during the last year or two of some initiatives—loss of momentum and the departure of key staff are noted—at a critical time when the initiative could finally be positioned to achieve the gains so long desired. As one observer put it, "in the out years of an initiative, the enthusiasm sometimes dissipates, and by the end, there is barely anything to hold onto."[1] Thus, the sustainability cloud, brought on by the question of whether the effort will be able to continue, can influence the success of the initiative itself.

No one we spoke with for this report suggested that all projects are worthy of endless support. To be sure, some, despite the best efforts of participants, fail miserably and should not be continued. In other instances, there are concrete tasks that can and should be completed within a reasonable period and then ended. The more difficult challenges lie in those cases where the job is *not* fully done, despite some credible measure of progress.

In this report, we write about how funders and grantees are thinking about sustainability and how best to support promising projects so that they do not simply fade away.

2. methodology

We reviewed the relevant literature and conducted interviews with selected foundation staff and grantees, some with direct experience in facing and managing a sustainability process. We hoped to gain an understanding of how those involved prepared for and implemented a transition away from the original funder and what they considered the process's relevant lessons.

We developed a list of preliminary questions to guide the inquiry, drawn from our own experience and from the literature:

- What responsibilities do funders have to ensure that projects are equipped to continue when funding ends?
- What are the sustainability expectations that funders and grantees should have as they approach an initiative?
- How does the design of the initiative—its duration, size, target issue—contribute to the ability of participants to sustain it?
- How do the sustainability issues vary in instances of multiple-site initiatives, as opposed to the funding of a single project or organization?
- How does the structure of initiative funding—required match, local funding partner, size of grant—influence ownership and post-initiative planning?
- How do the characteristics of the grantee or lead organization—size, maturity, capacity, structure—influence the initiative's continuation opportunities?
- How do the characteristics of the foundation—local, community, national—affect the sustainability challenge?
- Does the traditional model—a demonstration proves its worth and is then adopted by a new funder—still work and, if so, under what circumstances?

We believed it was necessary to limit the discussion by defining the "sustainability challenge" in a way that did not include the continuation of any and all foundation grants. As our discussions proceeded it became clear that, for most, the sustainability challenge of greatest concern was an artifact of a type of foundation-sponsored initiative, sometimes called the comprehensive community-based initiative, or CCI.

We also determined that it would be best for us not to stray into issues such as replication or "going to scale," with which sustainability is often paired. We focused instead on the challenge of "keeping it going," leaving questions of duplication and expansion for another time.

We found, generally, that the literature on sustainability is sparse and, with some notable exceptions mentioned here, not very helpful. There is a great deal more advice available to foundations and grantees about how to *start* a CCI than there is about how to successfully end one.

The key informant interviews, on the other hand, were extremely helpful. We had extended conversations with two dozen very smart people, whose experience encompassed dozens of initiatives and projects. Most of our informants had been in the business for some time, and many had numerous associations with this issue: as funders, grantees, consultants, evaluators, or in various combinations of roles.

Our conversations often were wide-ranging. It is not hard to go from sustainability to evaluability and on to public policy trends. It was decidedly not a problem getting people to talk—we found a group generally eager to share experiences and views. They had lots of thoughts and opinions as well. The interviews were easy to begin: "What do you think about sustainability?" often was the only prompt needed.

The interviews left at least some participants wanting more. We were frequently asked to share the report—sometimes as soon as we could—and several suggested that more was needed. Presentations at foundation conferences, panels, and other forums were suggested. More than once we were encouraged to "tell the truth," suggesting that this issue is often given insufficient attention.

All of this suggests that the sustainability challenge is, indeed, a problematic and troubling side of grantmaking and an area about which many feel conflicted.

As we look back at the literature and the interviews, five prominent issue areas emerge:

- Differing perspectives on the role of foundations
- Questions of what "sustainability" means and what ought to be sustained
- Special problems of comprehensive community initiatives
- Foundation actions that bear on sustainability
- Suggestions for better ways to achieve sustainability

The discussion that follows will reflect on each of these areas.

3. perspectives on the role of foundations

If it cannot be sustained, how can it be important?

The sustainability challenge has many facets, but no theme was as prominent in our discussions as the role of foundations. One's views about foundation grantmaking — its purposes, how best to make effective grants, what grantmaking should achieve and for whom, whether foundations should primarily initiate projects or fund the ideas of others — tend to frame one's view of sustainability.

WHY DO GRANTMAKING?

Some foundations describe their role in terms of increasing knowledge. The primary utility of their initiatives is as demonstrations that can inform other organizations and communities interested in tackling the same or similar issues. Those foundations tend to view the learning process as leverage: After testing an approach in one community, or in five, they can tell the story and so help fifty or a hundred other communities. The difficulty, mentioned frequently in our interviews, is that the project the foundation sees as an opportunity for learning might also be seen by its participants as a valued addition to the community fabric. For them, the project does not end when the foundation has finished learning.

Some informants, however, strongly believe that even learning-oriented foundations need a viable exit strategy because "We never know if an experiment works if foundations don't get out." They suggested that "being able to stand alone is part of the test." As another interviewee put it, "Success [of a demonstration] implies sustainability, if not replicability." In this view, the learning is not over until sustainability is fully explored, and success has not occurred unless sustainability is achieved.

In other interviews, some wondered why foundations, funded in most cases in perpetuity, do not themselves fund in perpetuity. One asked why, "if foundations are interested in sustaining their work, they feel it is essential to go on to the next thing." Others suggested that "the cycles of foundations get weary after a while . . . it is frustrating when they don't see it through to the end. Don't foundations have more of a responsibility to see it through than to worry about an exit strategy?"

Some asked why national foundations, which have in some instances helped to create endowments for community foundations, universities, and museums, do not use this approach regarding community-building projects in low-income communities. The counter-discussion, of course, is that foundations often feel a responsibility to provide broad support and so need to move on to help other, equally needy communities.

Some, including foundation staff and executives, were highly critical of foundations and spoke of the capacity of foundation-sponsored initiatives, especially those targeted to low-income communities, to do harm. Others saw at least some foundations starting things, taking grantees down roads that are consistent with the foundation's priorities rather than the community's priorities, and ultimately abandoning them. "The onus is on the funder to say up front how the effort can be funded over the long term or, at least, if they don't know, to say that."

Many described foundations in ways that suggest a lack of discipline in grantmaking, a fickleness about issues. Others saw ivory tower arrogance and a lack of understanding about what it takes to get things to work in the real world. Several expressed the view that the best chance community initiatives have for stable, long-term funding is through the public sector, but that many foundation staff lack a sophisticated understanding of government and of government funding processes.

The suggestions of too-short or incomplete support came frequently from those who see great value in collaborative, system advocacy efforts and believe they should be a *permanent* part of the community, not a temporary structure tied to a discrete project. (The difficulty many experience in gaining local funding for these efforts is discussed later.)

FOUNDATION RESPONSIBILITIES

For many, the responsibility for ensuring continuation of an effort hinges on the extent to which a foundation is the initiator or designer or is responding to a community's proposal. Most agreed that the more active a foundation is in developing and sponsoring an initiative, the greater its responsibility to ensure that sustaining resources are secured. As one informant expressed it, "It is important to know who asked whom to the dance."

Most informants tended to see foundations as insufficiently aggressive in helping communities gain the resources needed to continue foundation-initiated projects. "The responsibility rests more with funders than some would accept . . . if for no other reason than that they are more able to open the doors that lead to sustainability, are better able to carry the water." Another said, "Foundations are self-serving about sustainability—what did the foundation get out of it rather than what did the site get out of it." Some accused foundations of engaging in "drive-by philanthropy."

Many suggested that the sustainability process often is flawed from the start—not discussed early enough and without clear expectations and delineated responsibilities. "The foundation should develop a plan, a quid pro quo—'If you help us test this model, what do you need to do it, and what can we do for your organization so that it will end well for you?'—and then engage in resource development, board development, etc."

Also mentioned was "a fiction about how things will be sustained that is driven by unrealistic board expectations and staff who play along in order to get an idea funded. They suggest to their boards, 'Don't worry, somebody else will pick it up later and get us off the hook,' even when they have no idea how that will happen."

One informant suggested that "the issue of sustainability is very different for different foundations and really depends on how the foundation perceives its grantmaking. If it is 'movement building,' or a 'social change agenda,' the foundation has to play a much more active role in helping grantees think about sustaining the work and get them to think about it up front . . . even use its resources to be intentional about sustainability. If it is more practice, program, or direct-service oriented, it can play a less active role and focus more on more traditional strategies of dissemination, replication, and development of products."

There was also a feeling that "some foundations go too far and get too involved to allow for local ownership to emerge." Others suggested that it is "important that projects are not seen as the creature of any one foundation. While many foundations are interested in creating a niche or making a mark, it doesn't help the organizations they are funding if the initiative is too closely associated with one foundation, whether local or national. It is simply too hard to get others to support on the back end when the initiative has been owned and managed by someone else." Commenting on the difficulty inherent in finding a successor funder, one foundation executive noted that "everybody likes to exert leverage but nobody likes to *be* leveraged."

One common form of leveraging has national funders reaching out to form partnerships with community foundations for local projects. Frequently, the invitation contains an implied or explicit sustainability strategy. Some community foundations are wary of this, and they enter partnerships cautiously. "The national foundations know that we will still be there and that it is virtually impossible for a community foundation to pull out of a place-based initiative." "Our entrance," one informant noted, "is their exit strategy."

Several participants noted that the issues of sustainability are different for community foundations and local or regional foundations. "We can move on to a different approach, but we can't go on to the next town. For local funders the project name and strategy may change, but the end of the initiative does not mean the end of the relationship." Local foundations more often continue to nurture their relationships with community groups, and, although a grant might end, the continuing recognition of community leadership by the foundation is itself a valuable asset.

Finally, the issue of capacity building came up again and again. One suggestion was that, "whatever else, these efforts should always leave increased capacity in their wake." Some suggested that community efforts need technical assistance, early and continuously, to prepare for funding transitions and to effectively identify and secure alternative resources. "If [foundations] want to see a program *endure,* much less replicate and build to scale, investments in nonprofit capacity-building are essential."[2] Yet, as Pru Brown notes, "The challenge of developing organizations at the same time that they develop neighborhoods raises questions."[3]

In reviewing the Ford Foundation's Neighborhood and Family Initiative, evaluators noted that sustainability—"ensuring long-term support and building long-term capacity to engage in an ongoing process of community development"[4] —was a concern of initiative participants from the beginning, although there was never consensus about how to accomplish it. Furthermore, they note,

> *In the area of leveraging financial resources, the collaboratives lack experience and have limited knowledge of resources available and ways to connect to them. Collaboratives in many cases lack the expertise and staff to successfully leverage financial resources, or they lack the time and resources to focus on this issue. Some of the sites have dealt with this situation by extending the period of the final Ford grant. . . . Most outside funding has been restricted to support for particular programs, creating the tension between the facilitating role of the collaboratives and the more direct implementation role that generates program dollars.*[4]

Several informants suggested that technical assistance is helpful, but they wondered whether alternative support was likely, no matter how savvy the community grantees. In this latter view, the call for "capacity-building efforts" seems like unfairly blaming communities for being unable to raise money to continue the foundation-designed initiative. Gus Newport of the Urban Strategies Council suggests that "thinking about sustainability is not so much a skill as it is having time enough to get it planned and done up front. Timing and thinking about sustainability and funding need to happen early on, and yet funders see this as a later stage issue. They give lip service, but it doesn't go much beyond that."[5]

The tone of our discussions was that foundations too often fail to do enough, early enough, to ensure sustainability. One question, "Who should be responsible for sustainability?" often raised another: "What should be sustained?"

4. sustaining what?

Whenever anyone says it is not about the money, it is about the money.

Our interviews and discussions revealed a fairly wide range of views about *what* should be sustained. The quote above, often attributed to H. L. Mencken, has echoes in some informants' strongly expressed view that finding new money to replace a foundation grant is only one part of the sustainability challenge.

Our interviews suggested that several aspects of an original effort might be candidates for sustainability:

- Several interviewees spoke of the importance of continuing and strengthening the *thinking* behind the initiative—making sure that the initiative's central ideas and beliefs are firmly in place over time and are not compromised or blurred. Some spoke of sustainability in terms of making sure that the core ideas—collaboration, prevention, equal opportunity—are assimilated into the thinking of individuals and the practices of organizations.

- In some instances informants suggested that relationships built or strengthened could be the most valuable products of a collaborative initiative. The important outcome is maintaining these connections among people and institutions, whether the initiative goes forward or not.

- In most instances the projects under discussion were managed by a lead agency or staffed coalition. This central management and leadership entity, and the key personnel they require, constitute much of the core costs associated with continuing an initiative. They often are seen as the element within the initiative that should be sustained.

- Many of the efforts discussed have an identity and a set of goals above and beyond those of individual participants. The sustainability challenge frequently involves not just keeping participants active but ensuring that the heart of the effort—its goals, strategies, and commitment—remains intact.

Communities and project leaders struggle mightily with the question of which among these—if not all—to sustain in an initiative. Several informants said the less tangible aspects—ideas and relationships—really were the most valuable. "Institutionalize the principles," one said, "not the projects." Other voices expressed similar views:

> *Sustainability is not just about money. It is about the ideas. If the ideas get sustained in [one] place and then are carried out in other places, that is perhaps the most powerful impact investments can make. The question is, Do the ideas survive as part of the on-going fabric of the community?*
>
> *Sustainability can happen more easily when the foundation funds ideas, not projects.*
>
> *It is important that sustainability efforts are not seen as trying to perpetuate the organization.*

Still other informants spoke of the long-term effect of community-building efforts on individual participants, noting changes in thinking and the influence of projects on the participants' career development *after* the project ends. Many spoke of the increase in capacity that foundation-sponsored initiatives can elicit—more sophisticated management of resource development, greater community participation, improved grant writing—and about the importance of sustaining those gains.

Yet, although some informants stressed the importance of sustaining ideas, capacity, and relationships, many more focused on what one called "The Jerry Maguire Question": "Show me the money."

The report on the Neighborhood and Family Initiative concludes, "sustainability depends on leaving behind an organization capable of carrying on the work."[4] This view, echoed often in our interviews, suggests that it might be an impractical, sentimental notion to expect "the ideas" to flourish without an institutional home and a dedicated staff. "There is often a lack of support for the coordinating function, for keeping the conversation alive and moving," said one informant. The absence of this support, most believe, eventually will result in the end of the conversation.

Finally, in several discussions it was noted that "not everything is worth protecting." Some initiatives simply do not work out. Others have done well but have accomplished all that they are likely to accomplish. It was often noted as well that "a commitment to sustainability should be linked to known outcomes, benchmarks." One informant suggested, "We need clear ways to make that call and more practice at graceful, nonblaming exits." Another suggested that it was important, when choosing *not* to continue an initiative, to find ways to afford the project "death with dignity."

It was noted, however, that some initiative participants engage in sustainability for its own sake—as a way of protecting organizations and staff: "There are no golden parachutes at this level." Perhaps more thoroughly planned endings should mirror factory closings—severance pay, outplacement services, and the like.

5. the particular sustainability problems of comprehensive community intiatives

Who wants to buy a used collaborative?

Most of the discussions that led to this report were concerned with comprehensive community-based initiatives (CCIs), placed-based projects intended to solve health or social problems. Most often they are foundation-sponsored, multiple-site efforts, established for a fixed period, supported by a fixed amount of money, and following a foundation-defined strategy. These initiatives typically bring people and institutions together to plan and solve problems. They are integrative, capacity building, and community building. The issues and target areas vary from one funder and initiative to the next, but they often have essential strategies in common.

In their 1999 report, Weiss and Lopez conclude that many foundations emphasize "larger, longer, multi-component, often place based, and community-driven initiatives designed to achieve more impact and more learning to improve outcomes for children and youth." Many were "moving away from categorical to more holistic and comprehensive approaches in grantmaking . . . and de-emphasizing state level and moving towards local and neighborhood [grantmaking]."[6]

The authors found that a common thread in these initiatives, although not often clearly articulated, was a theory of change that suggested the following:

(a) Simultaneous and multicomponent strategies, aimed at public will and engagement; field development; and planning, demonstration, and research would

(b) so alter the operating environment that there would be changes in capacity, demand, and conditions that would influence policy, infrastructure, and practice and that would in turn

(c) result in scaled-up policies and programs that would

(d) produce better outcomes for children and youth.

Yet many in our discussions agreed with one informant, "The things that everyone says you need to build to have a strong, community-led effort—will, collaboration, data, strategic planning, grassroots support, organizational and individual capacity—are often the things that nobody wants to fund." Nearly everyone said that "process money" is the hardest to get. "Everybody knows those things—the collaborative, community-mobilizing activities—are needed on a continual basis, but nobody wants to fund it after the first time through."

The common view is that, after a time, a community-driven effort should show enough promise or have made enough progress to attract new funders. Ultimately, the original sponsoring foundation can withdraw or greatly lessen its support, and the effort will continue.

This simple model—design, demonstrate, evaluate, disseminate, and wait for large-scale public and private funding to underwrite continued operation or even expansion—is the "sustainability theory" behind most community-based initiatives. Many people believe that the model does not work, at least not in the short term. Others believe the model is fine if the product under consideration is a direct service. Coordinating, community-building, or collaborative efforts are another problem altogether.

Many informants told us that, after an original grant ends, community initiatives often face difficult choices, borne of what is frequently described as the product–process tension:

> *The product–process tension involves the need to show results relatively early to gain and sustain support and the need to develop the capacity of individuals and institutions, a long process that often takes years to show results. The second tension involves the need for CCIs to be locally driven, locally controlled efforts while they are initiated, supported, guided, monitored, and evaluated by people and institutions outside the neighborhood. This tension is about power, legitimacy, accountability, representation, and respect.*[7]

One informant said, "Funders fail to see the purpose for the whole, while liking the parts, and offer to support the product of the collaboration but not the collaboration itself." Another suggested that "Nobody wants to pay for operational support (or indirect costs) or for staff. Some have exaggerated expectations of volunteers. This imperils the future of the effort. Many fail to recognize the importance of an outside objective entity—these efforts lose something when they become a part of an agency. Some of the components may live on, some strategies live on, but the joint objectives get lost and the effort degrades to discrete projects, and there is a loss of community voice if the collaborative is broken up."

Thus, for many community-based initiatives the sustainability challenge is not just about replacing the original foundation money. It is about replacing the money with *like* money, with flexible resources that will allow the continuation of collaborative, community-building processes, such as staffing the initiative, community planning, training and capacity building, providing seed money for new projects, and bringing activities and institutions together. One informant, who had long experience both as a grant recipient and as a funder, said, "There is very little money around that gives you the freedom to act on *your* priorities —replacing a flexible grant dollar for dollar, *but with strings,* is not the same thing."

Many respondents said that a lack of support for the original coordinating role can send the organization or initiative after inappropriate money, leading it to become a service provider to stay alive and putting itself into competition with agencies represented in the collaborative. Said one, "Given stable core funding, you are able to be choosy, and not move away from your mission. But if not, if it's soft money or no money, you do what you have to do."

Some informants said they worry about the effect of second-round funding from local entities—the city, county, or schools—on system-change-oriented initiatives. Those efforts can be compromised by funding from the most likely target of their reform proposals.

For those who believe that local or neighborhood efforts should be a part of a community's permanent infrastructure, not just tied to a discrete project, the struggle for flexible funding is extremely frustrating. They see a value in not having to invent new collaboratives with each new issue and grant, but they see the funding community—foundations and government alike—continuing the practice of requiring new governing bodies, steering committees, and similar mechanisms with each new project or initiative.

These collaboratives are seen as an important *permanent* part of community infrastructure, serving several functions, including acting as a bridge between dis-empowered local residents and the power structure. Many believe that the notion that those bodies are needed only for the short term is unrealistic: "At least until systems become more responsive we are going to need these mechanisms to assure consumer voice; there is no end imaginable, so why pretend?"

Several informants indicated that sustaining one site in a national initiative is a more complex undertaking. Said one, "It is not home grown, local pride doesn't demand keeping on, and ownership may be divided." Another said that although "nationals hope that locals will pick up ongoing costs, community foundations and United Ways are moving away from core support, towards in-and-out projects and outcome-based strategies." Some agree that "increased funder demands for quantitative results [are] working against efforts to strengthen civic infrastructure."

For all the difficulties, however, some community-based projects do manage both to retain support from their original funders and to cultivate new supporters—and all without losing their central vision. Some efforts, borne of a single initiative, get beyond their first use to serve as a platform for other efforts, but such success is rare.

How do the few succeed?

Informants spoke of strong leadership, careful planning, and the luck of being in the right place at the right time. Some believe that a carefully constructed evaluation, designed to show continuing progress, is important.

Finally, others pointed to informal and formal political processes. One said, "There is tremendous turnover among key players and local funders, and you have to court the new ones coming in." In the words of one unusually successful community leader who has used numerous grants to leverage ongoing support, "The work is 'relationship intensive' and working with community leaders is key to [gaining and] maintaining commitments."

6. foundation approaches

Several of our interviews revealed developments in foundation approaches and thinking that bear on the subject of sustainability. What follows is in no way intended to represent the full story of efforts by these foundations—curious readers are advised to go to the foundations' written materials and websites for additional information. Rather, we wanted to capture the essential elements in these ideas and to explore their relationship to meeting the sustainability challenge.

TOWARD CORE SUPPORT OR INSTITUTION BUILDING

In preparing a recent report to the Aspen Institute Roundtable on Comprehensive Community Initiatives, Ralph Hamilton and Miriam Shark interviewed 24 persons familiar with the field to "learn their views about comprehensive community change and the [roundtable's] place in it."[8] According to the authors, their respondents felt that support for the creation and implementation of comprehensive community initiatives might be waning: "A fair number believe that the CCI structure (as we know it today) was limited by its complexity and its many unresolved challenges."[8]

We found other evidence for this trend: Some major funders—most notably the Edna McConnell Clark Foundation and the California Wellness Foundation—have stated their intention to increase long-term support for organizations, rather than for foundation-sponsored initiatives, as a primary grantmaking focus.

Clark is "looking for good organizations with good products and good leadership, that are equipped for growth, and is intending to fund them."[9] But its approach will not be passive:

> *By some reckonings, foundations would do better to take a step back and simply provide their grantees the unrestricted core support necessary to buy or hire the help they need. The theory, often quite persuasive, is that the weakness of grantee organizations and fields isn't due to a lack of talent to strengthen them. The weakness is a natural, almost mathematical result of restricted revenue streams that can't be spent on the overhead and long-term investments that sound organizational growth requires.*[9]

The Clark Foundation, however, will work jointly with its grant recipients to establish milestones, performance measures, and a business plan: "We don't content ourselves with simply admiring and supporting the good work they already do." Instead, Clark expects to work closely with selected organizations and to "make full use, for example, of the business planning, outcome measurement, self-evaluation, quality management, and staff-development tools that have proven valuable in other arenas."[9]

In its *1999 Annual Report,* the California Wellness Foundation (TCWF) states that although it has been "known for its highly structured, project-driven initiative grantmaking [it has] made a decision over the last few years to increase its core operating dollars to nonprofit organizations that are improving the health of Californians."[10] In large part, this shift came as a result of feedback from grantees who "describe the stress they regularly experience in attempting to mold their institutions into different shapes in order to secure funding—sculpting themselves for that moment into what they perceive the funder wants them to be. We recognize that our Foundation has inadvertently been part of this dynamic. Which may actually weaken the very organizations we are hoping to support."[10]

TCWF is careful to indicate that it is not intending to portray initiative grantmaking as negative and that it remains committed to its existing initiatives. Its goal, however, is to achieve a *balance* between proactive and responsive grantmaking.

The shifts in grantmaking strategy at these and other foundations have tremendous implications for sustainability. In contrast to the focus in initiative funding, this new style of grantmaking places paramount importance on the health, well-being, and continuing viability of the organizations receiving support, from the first. They will not be funded to test a model or to participate in a process, but rather to do what they do.

SPIN-OFFS

In several instances, foundations faced with the sustainability challenge have developed what might be called spin-off mechanisms to move the initiative away from the original sponsoring foundation and prepare it for independent existence.

For example, since 1993, the Sierra Health Foundation, which serves 26 northern California counties, has funded the Community Partnerships for Healthy Children Initiative (CPHC) in 21 sites. In CPHC, local collaboratives "identified the most prevalent health issues facing children in their communities and developed strategies to positively impact them."[11]

Now in the eighth year of a ten-year, $20 million mobilization effort, Sierra's exit strategy is to create a free-standing health council to support a network of sites. Each community effort ultimately will become responsible for raising its own support, although Sierra sees the value of having an overall structure to sustain the initiative. The grant recipients will continue to share ideas, and they will benefit from being part of the larger whole.

The new entity will focus on changing health indicators, continuing initiative identification, and cross-site communication, and it will have a technical assistance capacity. The hope is that because the sites are at arm's length from the initial funder they will be likely to garner more diverse financial support, and the network will develop the capacity to secure grant funds from sources other than Sierra.

This spin-off plan is one in a series of careful steps Sierra has taken to back away from the center of the initiative, as local capacity has been built. Early on, the foundation was directly involved in operations, and the foundation's staff members were visible and active on-site. Later, the foundation moved to the use of a technical assistance intermediary, the Center for Collaborative Planning. Each step is intended to strengthen the capacity and independence of the local grantee organizations.

Sierra's actions mirror those of the Colorado Trust, which created the Colorado Center for Healthy Communities, "the coordinating and policy arm of a statewide coalition of 15 local healthy community initiatives," as an outgrowth of its Colorado Healthy Communities Initiative. Recently, the James Irvine Foundation, in another example of a spin-off exit strategy, created and funded the California Center for Regional Leadership, which will carry on and expand work done at Irvine as part of its Sustainable Communities program.

In each example here, the original sponsoring organization believed there was a continuing need for what it had started, and it took great pains to position the initiative for survival but without having to change its core mission or strategy.

ENDOWMENTS

Although not common, foundation support sometimes takes the form of an endowment that, from the start, begins to position grantees for sustainability. The John M. and James L. McKnight Foundation's Minnesota Initiative established community foundations in six rural areas to organize, promote, and fund economic and community development projects. A series of incentives and challenge grants, culminating in a self-perpetuating endowment for each region, was used to raise the needed funds. McKnight paid for core organizational support, but program dollars always came from other resources, with McKnight's encouragement. Government economic development resources have been a major source of funds.

Having created these independent organizations, McKnight now has an "opportunity relationship" with them—the foundation will collaborate on projects when warranted, but the grantees' survival is not predicated on McKnight support.

It is too soon to be certain, but it could be that the creation of endowments will fit well with the emergence of what has been dubbed "the new philanthropy" or "venture philanthropy." In most definitions, this form of philanthropy stresses long-term investment in key organizations. An endowment that generates core operating funds is the dream of every organization and initiative now struggling endlessly to get the funds needed to continue work. Endowments are commonplace in some parts of the nonprofit world—the arts, museums, schools, universities—but they have been nearly nonexistent in the human services and community development sectors.

7. achieving sustainability: suggestions from the field

They have to know the end game. It's more important as initiatives get bigger, longer, have more impact on organizations and then are harder to back off of and live without.

Nearly every informant had ideas about how foundations might change current practices to sustain worthy efforts. These often came in the form of general rules or approaches tempered by the caveat that each initiative and situation is in some way unique. Here we describe some of the many suggestions made in our interviews and in the literature.

TWELVE SUGGESTIONS

1. Take sustainability more seriously

Several informants said that foundations simply do not treat sustainability as seriously as they should. Several suggested that foundations should not make grants without a clear idea about how continuation will be achieved. Others suggested that funds should be expressly devoted to fund-raising, public relations, documentation, and other activities intended to ensure replacement funding.

One informant spoke of the important consequences, locally and in the field, when an influential foundation changes priorities or ends a prominent grant: "Some foundations stay with an idea for years, even decades. You have to be careful when you are that associated with an idea or project that you don't send the wrong signal when funding is over. You have to leave an area or theme in a responsible way, taking care you don't do damage to institutions or ideas."

Some suggest that "If [foundations] don't have some clear idea of who would pick up [an initiative] and why, don't take or give the money—take seriously that section they let grantees write as fiction in which they say how they would sustain the project."

The consensus was that greater visibility of the sustainability challenge is warranted.

2. Start earlier

A focus on sustainability should come earlier, and many we interviewed said this should be part of the original design of the initiative. Several suggested that sustainability plans should be included in original funding applications.

We found one foundation, the Health Foundation of Central Massachusetts (HFCM), that actually raises the sustainability question from the very first moment of the application process. HFCM's process is called results-oriented grantmaking and grant implementation.[12] Prospective grant recipients answer 10 accountability questions at the time of application. The final question addresses sustainability: "If the program is successful, how will it be sustained?" The appropriateness of the plan for dealing with the eventual phasing out of funding becomes part of the criteria for providing support. Many foundations talk about the value of focusing on sustainability from the outset, but this is the only process we found in which making a grant is *conditioned* on sustainability.

We agree with those who see the foundation as carrying a large part of the responsibility for sustainability, but grantees would be wise not to expect the sponsoring foundation to ensure their future. "Participants should plan early for the phasing out of funding and the eventual sustainability of the organization with technical assistance in fundraising, support for concerted advocacy work, and a period of phase-down funding."[13]

3. Stay longer

Fifteen years ago a foundation commitment of five years was almost unheard of. The new consensus is that five years is not nearly enough. Again and again in our interviews, 10 years—or longer—was suggested as the "right" amount of time in which to think about creating a strong community vehicle to address health, social, educational, and other community problems. "There are false assumptions about duration—big differences take a long time; things are hard to change."

When the process is expected to continue for at least a decade, the sustainability issues shift somewhat. Can the sponsoring foundation wait 10 years to begin moving its funds elsewhere? Should the effort to bring in other funders begin earlier, before the community entity is fully matured? When do you know whether the effort is worth sustaining?

4. Be more explicit about foundation and grantee commitments

In looking broadly at CCIs, Pru Brown and her colleagues found that foundation–CCI relationships "often include a lack of understanding and trust, dishonest communication, and struggles over power and accountability, and these difficulties in the relationship often undermine the principles and objectives of the CCIs."[14] Those problems are not unique to the foundation–CCI relationship, but the authors maintain that "the vision and structure of CCIs makes certain tensions with funders worse. Foundations . . . need to make institutional commitments to [CCIs]. Because of their long-term time frame, CCIs are at risk from changes in foundation staff and priority areas or less drastically, from neglect or revised expectations and the like."[14]

Nowhere is the lack of explicitness more noticeable than in considering issues of sustainability. For many initiatives, it is not discussed at all, except in the broadest of terms. This leaves far too much room for misunderstanding and resentment to develop. Most informants thought that foundations should say, up front, what grant recipients should expect at the end of the planned funding period.

5. Set clear and realistic expectations

Some of our informants said that some foundations have unrealistic expectations for their initiatives, particularly when working at the neighborhood level. The roles identified for community projects—convener, planner, data developer, vision keeper—are realistic for well-funded citywide or countywide projects. But how often can initiatives gather the talent they need to do those jobs at the neighborhood level? The result is that foundations often are disappointed with the progress of the initiative, which can, in turn, influence their commitment to continue funding it.

Others noted a predictable lack of productivity when an initiative is in its ending stage—a time of losing staff, depression, a search for funds, efforts to figure out how or whether to phase down. Foundations should expect this and plan for it, for example, by making funds available for fundraising so that key staff members need not divert their energies toward these tasks.

Finally, several informants noted the frequent practice of granting extensions, creating additional phases of support, and otherwise making the date on which support will end less than certain. Foundations intend to be helpful, but these changes in expectations can have the unintended consequence of slowing local action either to gain replacement resources or to begin a process of shutting down.

6. Build capacity

Many informants suggested that foundations should devote a specific portion of funding to sustainability, as they now often do for evaluation and technical assistance. Sustainability expenditures would include fundraising activities, consultation on available public and private resources, grant-writing assistance, and other assistance intended to increase the capacity of the organization or effort to continue after the original grant runs out.

One informant suggested that the final year or two of an initiative should be explicitly devoted to such activities as "model strengthening" and helping grantees position themselves for funding from other sources.

7. Reduce foundation identification

As noted earlier, many believe that a too-close identification with a single funder can thwart efforts to generate new resources. Our informants suggested that foundations "let go" and diminish their time in the spotlight in favor of grantees. One informant spoke of the importance of "strengthening the intermediary organizations associated with an initiative, as a way of keeping the foundation from getting too close."

8. Document and evaluate as marketing tools

Most informants agreed that "evaluation is important—a good one gives a project a fighting chance for sustainability; we owe them that chance." Furthermore, many suggested it is important to construct evaluations that produce data and reports that are usable, locally, as tools to explain the initiative's mission and successes and to serve as marketing tools to garner further support. "We need to get better at identifying and putting a spotlight on interim outcomes and at setting a baseline on social capital. We need to describe outreach and mobilization as important products and stress the importance of training trainers and broadening local participation and skills."

Several complained in our interviews of an imbalance in some initiatives toward very costly evaluations: "We are spending more money to evaluate than to *do.*" Some suggest that evaluations are too often geared to meeting the needs of funders, instead of focusing on the later fundraising needs of grantees.

9. The funding structure can help or hurt

Many interviewees had thought about the structure of grants and the subsequent influence of grant structure on sustainability. One warned of the danger of "too high a level [of funding] to realistically expect continuation." Size matters, we were told: "Larger grants are harder, if not impossible to replace, while grants that are too small don't provide the juice to do much."

Requiring matching funds was seen as a mixed blessing—an opportunity or a burden. It is difficult to find the initial match, but those who do so often can count on continued support when the primary funder has gone.

Some interviewees criticized the "funder belief that the next round of an initiative wouldn't take as long or cost as much because of what was learned first time around. The fear is that we learn things and then put them out there in ways that other communities can't use, because we provide little or no money to carry out a replication."

Some said that descending funding from the start could help, as a way of making clear that a project eventually will need to find alternative resources.

10. *Actively* pursue the resources needed to ensure sustainability

Many informants view foundations as standing back and allowing grantees to find their own replacement resources. They would encourage foundations to take a more active role, suggesting that foundations reach out to other funders on behalf of a site, jointly develop an exit strategy, open doors that might not be accessible to grantees, and help grant recipients to identify and pursue alternative resources.

11. Be more intentional about public funding

Several informants stated that they saw public funding as the best chance community initiatives have for stable, long-term funding. "Most foundation staff lack a sophisticated understanding of government and of governmental funding processes," said one. "They have unrealistic expectations about the public sector—don't understand what's doable, what the funding streams are—[and they] send grantees on wild goose chases."

Sometimes foundations overlook public funding because of preconceptions. "Skipping over counties and cities and directly funding neighborhoods cuts off the most likely pick-up funders, and largely foundations are leaving them out as a result of biases—neighborhood-good, city-hall-bad—that are self-defeating." Yet these funders, especially at the local level, are most likely to understand the underlying assumptions of the initiative. "More than others," one informant noted, "local government 'gets' place-based strategies—it already thinks in terms of neighborhoods, parts of town, towns in counties, [and it might] be more open to ongoing need as community-strengthening tool than as issue specific."

In other cases, foundations fail to recognize the potential of large initiatives to attract public funds. Foundations "create far greater incentives for focusing upon their own grants than the much larger amounts of funding 'beneath the surface' and already in the community. Why let state and local government off the hook?" Several informants suggested securing investments of public money earlier and and for longer periods, perhaps by tying the foundation-sponsored effort to the "big efforts [Proposition 10, EZ, CDBG] that have a requirement for some of the pieces of what we are looking for—civic engagement, planning, glue, technical assistance, evaluation, etc. Instead of a little of that with each new program/grant it would help to *carve out* and bundle those components and to institutionalize and legitimize their ongoing importance."

12. Rethink grantmaking

Finally, some ideas emerged from the discussions that seemed outside the box—suggestions of new ways to think about grantmaking. For example, one respondent suggested that foundations might do well to invest only in efforts started by others: "Don't be the first funder—it has excessive risks. Instead, purposely be the second funder and buy only proven entities." Another suggested it "might help to make public policy more a permanent part of the agenda, as a way to increase the likelihood that these kinds of things (community-level coordinating bodies) have an ongoing funding stream." In other words, if foundations believe in these processes and see over and over again that there are insufficient or no resources to sustain them, the obvious course is to attempt, perhaps at a national level, to create solid, ongoing funding mechanisms.

One informant would encourage foundation staff to "collaborate internally—as a way to increase opportunities for future support." In this way today's housing promotion collaborative might focus on public safety or child care in the future—the pick-up funder might be a few offices away.

8. developing a "theory of sustainability"

In recent years the practice of constructing a "theory of change" or "logic model" to describe the sequence of events that lead an effort to success has become standard procedure in designing, carrying out, and evaluating complex projects. The Kellogg Foundation's *Evaluation Handbook* says in part: "One effective method for charting progress toward interim and long-term outcomes is through the development and use of a program logic model. . . . [T]here is a value in the *process of developing a logic model.* This process is an iterative one that requires stakeholders to work together to clarify the underlying rationale for the program and the conditions under which success is most likely to be achieved. . . . The clarity of thinking that occurs from the process of building the model becomes an important part of the overall success of the program."[15]

We suggest that an equally important companion tool—a "theory of sustainability"—should be used as well. Such a tool would ensure that the sustainability challenge is considered and explicitly addressed by foundations and grant recipients from the beginning. Using a theory of sustainability foundations sponsoring an initiative can:

- State whether there is an expectation that the effort will be continued after foundation funds end;
- Propose a generalized theory of sustainability for the initiative;
- Require a *localized* sustainability plan from applicant sites;
- Aid potential grant applicants in tailoring the model to local circumstances and, ultimately;
- Participate in bringing the sustainability plan to a successful conclusion.

This recommendation echoes an earlier suggestion by Sid Gardner and colleagues in a 1997 report to the Aspen Roundtable: "We believe that a separate emphasis upon a 'theory of resources' approach should be included in the theory of change process because the issue of resources is often treated inadequately or left implicit in developing comprehensive initiatives."[16]

CRITICAL SUSTAINABILITY QUESTIONS

The sustainability tool itself need not be elaborate, and the questions below are not, but they could be used as a starting point. Along with other questions specific to the initiative, designers and applicants would answer these questions to describe a process of gaining support that can identify a logical series of steps to be taken:

- Assuming acceptable results, and assuming that the task will not be fully completed at the end of the grant period, is it expected that this initiative will continue beyond the period for which funding is available?
- If so, what level of financial and other resources will be needed to continue?
- What capacity-building measures are needed to make this initiative sustainable, and how will those measures be implemented?

- What is it about this initiative that is likely to attract interest and elicit support? (Hint: If this project is "successful," whose problems would it help alleviate, whose mission would be advanced, who would have a vested interest in seeing it continue?)
- Who are the most likely future funders? (Be specific. If government, what level of government, what agency, what funding stream? If private, which foundation or other source?)
- Is there a history of this entity supporting efforts (a) of this sort and (b) of this size?
- Would success in this effort obviate the need to spend resources on something else, and could that money be diverted to this effort? How?
- Who within the anticipated funding organization would have to decide to fund, through what processes?

A sustainability plan for a neighborhood anticrime effort might look like this:

SUSTAINING A COMMUNITY ACTION PLAN FOR SAFER STREETS

ACTIVITIES

- Secure staff
- Organize the community
- Create interagency coalition
- Hold block meetings
- Create a neighborhood watch program
- Establish baseline crime data
- Improve communication with community police
- Create after-school and evening programming
- Establish communications with substance abuse treatment center for outreach programming

INTERIM BENCHMARKS

- Increased community awareness, involvement
- Improved coordination with police and treatment resources

OUTCOMES

- Lower crime rate
- Increased community capacity to solve problems
- Improved optimism about the future of the community

SUSTAINING THE EFFORT

Given the goals and approaches outlined, the most likely funding sources for continuation in City X are:

- City CDBG
- United Way
- Police department
- Community foundation

SUSTAINABILITY PLAN: TIMELINE

- January: Meet with representatives of likely funding sources; establish clear understanding about initiative needs and funder processes
- March: Make CDBG application
- Quarterly: Invite representatives to block meetings
  Send data reports and follow up
  Gear public relations plan to the need for continuation

In our view—and many of those we interviewed agreed—if the sponsors and designers *cannot* present a convincing theory of sustainability, an outlined version that will work across communities, then serious questions should be raised about the efficacy of the initiative. Furthermore, we suggest that a serious attempt at outlining a theory of sustainability, at the beginning of an initiative, will beg both further questions and further actions. Specifically, we see no reason why, if you can name the most likely successor funders, you cannot talk to them now. That conversation can be extremely enlightening, we believe, if it focuses on concrete questions, like these:

- Does the potential successor funder agree that it should be seen in this way?
- Under what conditions does it believe future funding is most likely?
- What achievements by the initiative would most likely lead to future support?
- What is the most likely source of that support; what funding stream, department, pot of money would most likely be tapped?
- What might be a reasonable expectation of the duration of support?

This kind of process, what might be called a "cards on the table" pretest of a sustainability theory, could be of tremendous advantage to funders and grantees alike.

key informants

Cindy Ballard, Coalition of Community Foundations for Youth

Mike Bailin, Edna McConnell Clark Foundation

Carol Berde, McKnight Foundation

Nick Bollman, California Center for Regional Leadership

Linda Bowen, National Funding Collaborative on Violence

Pru Brown, Chapin Hall Center for Children at the University of Chicago

Elizabeth Burke Bryant, Rhode Island KIDS COUNT

Judy Chynoweth, Foundation Consortium

Tom David, California Wellness Foundation

Sid Gardner, Center for Collaboration for Children

Robert Granger, William T. Grant Foundation

Andy Hahn, Brandeis University

Sandy Jibrell, Annie E. Casey Foundation

Otis Johnson, Savannah State University

Ann Kubisch, Aspen Institute Roundtable on Comprehensive Community Initiatives

Sally Leiderman, Center for Assessment and Policy Development

Dorothy Meehan, Sierra Health Foundation

Maria Mohica, William Caspar Graustein Memorial Fund

Susan Notkin, Edna McConnell Clark Foundation

Lori Villarosa, Charles Stuart Mott Foundation

Heather Weiss, Harvard Family Research Project

Mike Weber, Volunteers of America of Minnesota

Garland Yates, Annie E. Casey Foundation

Jan B. Yost, Health Foundation of Central Massachusetts

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notes

[1]Unless otherwise noted, the comments in quotation marks without attribution are from the interviews conducted for this report. A list of key informants can be found on page 26. When comments are from written materials the source is noted.

[2]Backer, T. E. *Strengthening Nonprofits: Capacity-Building and Philanthropy.* Report prepared for the John S. and James L. Knight Foundation. Encino, Calif.: Human Interaction Research Institute, March 2000.

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[4]Chaskin, R. J., S. Chipenda-Dansokho, and C. J. Richards. *The Neighborhood and Family Initiative. Entering the Final Phase: An Interim Report Covering the Period November 1996–December 1998.* Chicago: Chapin Hall Center for Children at the University of Chicago, August 1999. Available online: www2-chc.spc.uchicago.edu/index.html.

[5]Quoted in Hahn, A. *Doing Social Change for a Living.* Waltham, Mass.: Policylink and Brandeis University, August 2000, p. 101.

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[16]Gardner, S., et al. *The Case for a "Theory of Resources" as a Tool to Assist CCIs.* Fullerton, Calif.: Center for Collaboration for Children, California State University, 1997.

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